



Program Registration Form

www.fieldhockeyfanatix.com

**** Please Print ****

4-30-08

Player's Name:	Grade & Date of Birth:
Street Address:	
City, State and Zip Code:	
Phone:	
E-mail (Please print clearly):	
School Name or Team Name:	
Emergency Contact:	
Emergency Contact Phone #:	
Please List Any Medical Conditions:	

I am registering for:

Program Name _____

Program Date(s) _____ **\$ Enclosed:** _____

Location (Please check the appropriate location)

- Tri-State Sports Center, Aston PA
- Kirkwood Indoor Arena
- Central School Gym
- Papermill Park
- Hockessin PAL Center
- Tournament Location _____
- Other: _____

REGISTRATION Requirements: Program prices are per individual unless indicated. Each player must complete registration form, enclose payment and mail to: **Field Hockey Fanatix, LLC, 3 Sundew Road, Newark, DE 19711**

- Checks should be made payable to: Field Hockey Fanatix, LLC; Discount of 10% given to each additional family member who registers; For more information, contact Terri Lotter at 302-540-2177 or fhfanatix@aol.com

Waiver agreement:

By signing this form, I hereby release Field Hockey Fanatix, LLC from any claims of injury as a result of this program. I am aware that field hockey is a contact sport. I also acknowledge that my child is of good health and is able to participate fully in this program.

Parent's Signature: _____

Date: _____