



Registration Packet-2009

PLAYER'S NAME: _____

Y/N	Page	Required Forms & Fees -Fall 2009 Copies available at- http://www.foresthillsfieldhockey.com	Date Due
	2	Registration Form and Fee of <u>\$50.00</u> (non-refundable)	6/10/2009
	2	Player and Parent Expectations	6/10/2009
	3	Parental Emergency Instruction Form	6/10/2009
	optional	Camp Registration and payment (\$30.00)	6/10/2009
		Due NO LATER THAN First Day of Pre-season- 8/12/09	No Later Than-
		Remaining Membership Fee - \$100.00 (total \$150)	8/12/2009
		Proof of USFHA Membership (copy of membership card and number) (cost \$40) www.usfieldhockey.com	8/12/2009
		Copies of the following forms sent to USFHA:	
		USFHA Waiver Form (Website – under 'Documents')	8/12/2009
		USFHA Code of Conduct Form (Website)	8/12/2009
		Other forms	
		Signed copy of your school's Athletic Code of Conduct (Website)	8/12/2009
		Photo Release Form (Website)	8/12/2009

FH2 will have a new address soon!

Please check www.foresthillsfieldhockey.com for the correct location to mail forms.

Thanks!



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PLAYER'S NAME: _____

Name	Address (with City and Zip)	Phone (home/cell)	Email Address
Player:		H: C:	
School & Grade Fall 2009:			
Parent/Guardian #1:		H: C:	
Parent/Guardian #2:		H: C:	

Player Expectations

1. Make all practices and games – on time, dressed and ready to participate at the start time (this includes field players and the goalies – all dressing and start-up done prior to start time of practice or pre-game 30 minute warm-up).
2. Always have all equipment – stick, ball, shin guards, mouth guard, water bottles, appropriate shoes, (goalie equipment for goalies) and uniform shirt, skirt, socks for game.
3. Participate with 110% energy, concentration, focus, and commitment all the time.
4. Be supportive, respectful, and committed to the team, the other players, and the coaches.
5. Continually work on improving, overcoming obstacles, and having a Can Do/Will Do attitude.
6. Sign and abide by your school's and the USFHA Player Codes of Conduct.
7. Actively participate in team fundraisers.
8. Represent your school and the Forest Hills team with pride.
9. Have Fun!

I understand that the above elements will affect my playing time and team placement as well as the success of my team.

Player Signature : _____ Date: _____

Parent/Guardian Signature : _____ Date: _____

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PLAYER'S NAME: _____

Player Name _____ Birthdate _____

Address _____ ZipCode _____

Home Phone _____ (Mandatory) Cell Phone _____

Please list everyone we can call in case of an emergency:

- 1.) Name Work Home Cell/Pager
2.) Name Work Home Cell/Pager
3.) Name Work Home Cell/Pager
4.) Name Work Home Cell/Pager

MEDICAL INFORMATION

If the designated parties are not available, I understand appropriate emergency care deemed advisable by team organizers will be sought. Any special directions appropriate to my child have been checked.

Doctor's Name _____ Phone# _____

Dentist's Name _____ Phone# _____

Hospital _____ Phone# _____

Emergency Clinic _____ Phone# _____

Health Insurance Policy Name and Number: _____

Please put an "X" where appropriate, specify where indicated, and sign your name.

Table with 2 columns and 7 rows containing medical information fields like Religious Objections, Asthma, Contact lens/glasses, Special blood condition, etc.

DATE: _____ SIGNATURE: _____ (Parent or Guardian)

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