



## 2010 Registration Packet

Player's Name

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### Checklist, Dates & Fees

<u>Required</u>	<u>Description</u>
_____	Player Information Form
_____	Player & Parent Expectations
_____	Emergency Information Form
_____	Photo Release Form
_____	FHPS Athletic Code of Conduct
_____	FHPS Physical Form
_____	Copy of USFHA Membership Card / Number
_____	Copy of USFHA Waiver Form
_____	Copy of USFHA Code of Conduct Form
<u>Optional</u>	<u>Description</u>
_____	Summer Clinic Registration Forms

ALL paperwork and \$150 participation fee is due to Coach Shaner on Friday, July 2<sup>nd</sup>, 2010. Late registration is available until Wednesday, August 18<sup>th</sup> with a \$50 penalty.

REFUND POLICY: \$100 of the participation fee will be refunded to players who withdraw before August 18<sup>th</sup>.

FINANCIAL HARDSHIP: FH2 wants to make playing opportunities available to all. Cases of extreme financial hardship will be addressed by the board on a case-by-case basis. Please do not hesitate to contact Coach Shaner if need arises.

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### Player Information

Name \_\_\_\_\_

Desired Nickname? \_\_\_\_\_

Grade – Fall 2010 \_\_\_\_\_

School \_\_\_\_\_

Player Phone \_\_\_\_\_

Player Address \_\_\_\_\_

Player E-mail \_\_\_\_\_

Parent / Guardian #1 \_\_\_\_\_

P / G #1 Phone \_\_\_\_\_

P / G #1 Address \_\_\_\_\_

P / G #1 E-mail \_\_\_\_\_

Parent / Guardian #2 \_\_\_\_\_

P / G #2 Phone \_\_\_\_\_

P / G #2 Address \_\_\_\_\_

P / G #2 E-mail \_\_\_\_\_



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### 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:** \_\_\_\_\_



# 2010 Registration Packet

Player Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

1.) \_\_\_\_\_

Name	Work	Home	Cell
_____	_____	_____	_____

2.) \_\_\_\_\_

Name	Work	Home	Cell
_____	_____	_____	_____

3.) \_\_\_\_\_

Name	Work	Home	Cell
_____	_____	_____	_____

### 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.

Religious Objections _____	Asthma _____
Contact lens/glasses _____	Special blood condition: _____
Bone/Joint Condition: _____	Life Threatening Allergies (reaction): _____
Diabetes _____	_____
Heart Condition _____	Medications Needed/Used _____
Seizure Disorder _____	Other Conditions or Problems _____
High blood pressure _____	None Known: _____

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Parent or Guardian)



## 2010 Registration Packet

### Forest Hills Field Hockey / USA Field Hockey Athlete Photo Release Form

I hereby grant permission to Forest Hills Field Hockey and/or USA Field Hockey to use my photograph, image or likeness in any or all official Forest Hills and/or USA Field Hockey publications, film, video or website(s) without further consideration or compensation.

I understand that Forest Hills and/or USA Field Hockey retains ownership of all photographs and images and any and all rights to the photographs and images in any format or medium.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature of Parent/guardian (for athletes under the age of 18)

\_\_\_\_\_

Printed Name \_\_\_\_\_

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