

HADDON HEIGHTS FIELD HOCKEY CLUB REGISTRATION 2009

P.O. Box 277 Haddon Heights, NJ 08035 (856) 547-2217
heightshockey@hotmail.com

One player per form

NAME _____ DOB ____/____/____
ADDRESS _____ TOWN _____
PARENT NAME _____ GRADE fall '09 _____
PARENT EMAIL _____@_____ SCHOOL _____
HOME PHONE _____ CELL PHONE (____)_____

_____ Lower Clinic (grades 3-5) \$60 per player
_____ Upper Clinic (grades 6-8) \$60 per player

EMERGENCY CONTACT : _____

In case of emergency, HHS&FHC and its designees permitted to obtain emergency medical care. There are inherit risks that could sustain injury when playing field hockey. I understand these risks for my child.

Parent Signature: _____ Date _____

Previous coach: _____

Pant size: CHILD _____ ADULT _____

Parent Volunteers are always needed and helpful! Check off all that apply: _____ Coach _____ Assistant Coach
_____ Club Board Member _____ Buy an Ad from the HHS&FHC Directory _____ Sell Snacks on Game Day
_____ Other: _____

**Financial Assistance is available to those who qualify. Please contact a Heights Hockey representative to discuss.

Registrar _____
Check # _____
Amount \$ _____
Cash Y N
Amount \$ _____
Date Rec'd ____/____/____
Shin guard order: Y N
Team _____
Date Delivered ____/____/09