



BOYERTOWN OPTIMIST
GIRLS FIELD HOCKEY – 2010 SEASON
 Girls going into grades 3rd THROUGH 6TH GRADE



Please mail this registration form by **JULY 30** with payment of \$65.00 to:
 BOYERTOWN OPTIMIST FIELD HOCKEY
 c/o Audrey Nettles 105 Shiery Court Gilbertsville PA 19525
 Checks should be made payable to: **Boyertown Optimist**

*******Parents / Registration Night – Tuesday August 17 @ 7PM*******
 Boyertown Senior High – Cafeteria Practices will begin week of August 23, 2010

For more information contact Audrey Nettles – 610-367-7288 or FIELD_HOCKEY@boyertownoptimist.org
Please return the bottom portion with payment – keep above for reference

Player's Name _____ Date of Birth _____
 (Please Print)

Address _____

Home Phone _____ Parent's Email _____

School Attending _____ Grade for 2009 _____ Returning Player Y / N

Shirt Size **Adult** – S, M, L or **Youth** - S, M, L

Healthcare Plan _____

Any Medical / Special Needs _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone Number: _____

1. _____

2. _____

WAIVER AND RELEASE OF LIABILITY (Please read before signing. By signing this form you also agree to the terms of the Parent Code of Conduct found on the Boyertown Optimist website – www.boyertownoptimist.org)

I, THE PARENT/GUARDIAN OF THE REGISTRANT, A MINOR, AGREE THAT MY FAMILY, THE REGISTRANT, AND I WILL ABIDE BY THE RULES OF THE BOYERTOWN OPTIMIST FIELD HOCKEY TEAMS ORGANIZATION. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH FIELD HOCKEY AND IN CONSIDERATION FOR BOYERTOWN OPTIMIST FIELD HOCKEY TEAMS ACCEPTING THE REGISTRANT FOR THE FIELD HOCKEY PROGRAM, I ON BEHALF OF MY FAMILY, HEREBY RELEASE, DISCHARGE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE BOYERTOWN OPTIMIST FIELD HOCKEY TEAMS, THE VOLUNTEERS, ORGANIZERS, SPONSORS, COACHES AND OWNERS OF LAND OR BUILDING UTILIZED BY THE ORGANIZATION, AGAINST ANY CLAIMS BY OR ON BEHALF OF THE SPECTATOR, AS A RESULT OF THE REGISTRANT PARTICIPATION IN THE PROGRAM AND OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE. I ALSO AUTHORIZE EMERGENCY MEDICAL TREATMENT FOR THE REGISTRANT BY ANY QUALIFIED LICENSED PHYSICIAN. IN SIGNING THIS AGREEMENT, I PERMIT THE TAKING OF PHOTOGRAPHS OR VIDEO DURING TEAM EVENTS AND UNDERSTAND THAT THESE PHOTOGRAPHIC IMAGES MAY BE USED FOR COMMERCIAL OR PROMOTIONAL PURPOSES.

PARENT/GUARDIAN SIGNATURE: _____ DATE __/__/__

PRINTED NAME OF PARENT/GUARDIAN: _____

Volunteers: Anyone interested in volunteering, please check the appropriate position

Head Coach _____ Asst. Coach _____ Team Parent _____

⊗ NO REFUNDS ⊗

Club Use Only

Check # _____ Date Rec'd _____ Received By _____ Coupons _____