

FIELD HOCKEY FUN NIGHTS! REGISTRATION FORM

Due at First Session

Participation/ Emergency Medical Permission

Player's Name: _____
Parent/Guardian: _____
Phone: _____
Home: _____
Work: _____
Cell: _____
Physician's Name: _____
Physician's Phone: _____

Circle One: Does your child have any allergies? Yes/No

If yes, please explain: _____

Does your child have any dietary restrictions? Yes/No

If yes, please explain: _____

Does your child take any medications? Yes/No

If yes, please explain: _____

Does your child have any other special conditions or needs? Yes/No

If yes, please explain: _____

In the event of an emergency and parents / guardians cannot be contacted, I hereby authorize school officials and Athletic Staff to take whatever action is deemed necessary, in their judgment, for the health of my child. I consent to any immediate medical procedures that a physician deems necessary, on the understanding that efforts will continue to be made to contact me. I accept responsibility for all costs related to such treatment.

I certify that _____ (child's name) is in good health and give permission for my child to participate in any or all of the athletic activities. I release and forever discharge Trinity Academy, its employees, and chaperones for any and all liability for injuries sustained by my son/daughter while participating in the athletic activities.

Signature of Parent

Date

*Any medication taken by your child, prescription or otherwise, must be administered by program staff. The medicine and written authorization from a parent/guardian are required before any medication is given.