



United Brothers Field Hockey Club

SURREY, BC CANADA

REGISTRATION FORM

FIRST NAME: _____ LAST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____

PHONE#: _____ CELL#: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

DATE OF BIRTH (YYYY/MM/DD): _____ GENDER: MALE / FEMALE

SCHOOL: _____

PREVIOUS TEAM: _____ PREVIOUS COACH: _____

SKILL LEVEL: BEGINNER / INTERMEDIATE / ADVANCED _____

EMAIL: _____

MEDICAL INFORMATION

EMERGENCY CONTACT NAME: _____ PHONE: _____

ANY ALLERGIES OR MEDICAL CONDITIONS: _____

I/We, the legal guardian(s) of the above-named player, approve and agree to participate in United Brothers Field Hockey Club activities and agree to abide by the rules and the constitution set out by the club. I/we hereby release the club, it's members, executive, coaches, referees, and any participating parents from being held responsible for any and all claims, demands, and suits that arise in any manner from the above-named player participating in club activities, whether or not any such claims arise from the actions or conduct of the executive, coaches, managers, referees, assisting and participating parents, and others involved in such activities.

NAME: _____ SIGNATURE: _____ DATE: _____

For Admin Use Only

Age Group: _____ Coach: _____