

YOUTH LEAGUE Junior Member Registration Form (Under age 18 as of January 1 of the current year)

ATHLETE INFORMATION			
Last Name:	First Name:	Gender:	DOB: dd mm yyyy
Street address:			
City:	Province:	Postal Code:	Player's Phone:
Player's Email:		Parent's Email:	
Parent Name1:	Parent Phone:	Parent Cell:	
Parent Name2:	Parent Phone:	Parent Cell:	
Parent's/Guardian's Consent Athletes			
<p>I hereby consent to my child/ward _____, registered above, participating in Field Hockey Nova Scotia's ("FHNS") Programs, including but not limited to coaching clinics, practice games, competitions, and other related activities. By signing this form and permitting my child/ward to participate in this program, I as the parent/guardian, and on behalf of my child/ward agree to release and hold without liability Field Hockey Nova Scotia and Field Hockey Canada ("FHC") and their agents, volunteers, Board of Directors and employees, from any and all claims for damages or bodily injuries arising out of participating in field hockey programs.</p> <p>I understand that mouth guards and shin guards are mandatory equipment for participation in the Program and that failure by my child/ward to wear the mouth guard will void Field Hockey Canada insurance coverage for dental and other injuries.</p> <p>I understand that the coaches and managers are not responsible for my child/ward before or after the game or practice. Therefore if I or another adult of my choosing is not at the field before or after game or practice time it is understood that this means that my child/ward has permission from me to leave the field of play / facility on their own.</p> <p>Information provided in this form will only be used for the purposes of providing me and/or my child/ward with services and for statistical purposes. FHNS and FHC will not share, give, rent or sell my individual personal information with anyone without my advance permission or unless ordered by a court of law. FHNS and FHC may provide aggregated non-personal information with third parties for the purposes of securing sponsorships or other services.</p> <p>I also understand and grant permission that my child's/ward's picture of participating in FHNS activities may appear on the FHNS website and related advertising material.</p>			
Parent(s)/Guardian(s) First & Last Name: _____ Signature: _____ Date: _____ <div style="text-align: center; margin-top: 5px;">Please Print</div>			
MEDICAL INFORMATION			
Emergency Contact Name1:	Primary #:	Secondary #:	Relationship:
Emergency Contact Name2:	Primary #:	Secondary #:	Relationship:
Health Care Province:	Health Care #:	Family Doctor's Name:	Family Doctor's Tel:
Medical Conditions / Allergies: (i.e., torn ACL, Concussion, ADD, Diabetic, etc., If more space required please use reverse side)			
PROGRAM REGISTRATION			
The program registration fee is \$100. We will give you exercises to do at home so you can purchase your own stick and ball for \$75 more. <input type="checkbox"/> Program Registration Only <input type="checkbox"/> Program Registration, Stick & Ball			
Volunteer (we depend on volunteers to run our programs, please check if you can help) <input type="checkbox"/>			
PAYMENT & REGISTRATION FORMS: Make cheques payable to Field Hockey Nova Scotia . Bring this form and payment with you to the field or mail them to Patrick Thompson, Field Hockey Nova Scotia, 400- 5516 Spring Garden Rd., NS, B3J 1G6. Tel: 902-425-5450 Ext.327 Fax: 902-425-5606			
NEED HELP WITH FUNDING? Funding may be available through KidSport. Contact Patrick Thompson at (902) 425-5450 ext. 357			
FOR PROGRAM DETAILS, CONTACT: Stephen Goosen - Swayfieldhockey@gmail.com or 902 471 4007 Drew Rajaraman -sweeper_number8@hotmail.com			

