

ELITE FIELD HOCKEY

ELITEFIELDHOCKEYCLUB.COM



PLAYER INFORMATION

Date: _____

Date of Birth: MM ____ DD ____ YYYY _____ Gender: Male Female

BC Field Hockey# _____ Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Father's Name/Cell: _____ Email: _____

Mother's Name/Cell: _____ Email: _____

Home Number: _____

GROUP PLACEMENT

Where did you hear about us? _____

FEES

Registration Fee	\$ _____
Uniform Fee	\$ _____
Total	\$ _____

PLAYER MEDICAL INFORMATION

Care Card Number: _____

Emergency Contact Name/Number: _____

Family Doctor Name/Number: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

TERMS & CONDITIONS

Waiver: I hereby for myself, my heirs, executors and administer waive and release any and all rights and claims that I may have or that may arise against the City of Surrey. The Surrey Parks and Recreation representatives and the Elite Field Hockey Club representatives for any and all injuries or losses suffered by my child, named on this form, while competing/participating in connection with program(s) of the Elite Field Hockey Club.

Privacy Policy: By signing this application you are consenting on your behalf and of your child or children to the collection, use the disclosure of your personal information for the purpose of the BC Field Hockey Association and the Elite Field Hockey Club. The personal information you provide will be used for purpose reasonably associated with your child's enrolment as a field hockey player. The main use of this information is to obtain insurance and for use in necessary disciplinary proceedings. The personal information will not be disclosed to third parties other than as stipulated unless required by law.

Media: I authorize Elite Hockey Club to use photography or videos to me or my child for promotional or educational purposes in any type of media, including website. I understand that I will not be paid or rewarded for providing this authorization.

Name (Print): _____ Signature: _____