

Centreville Field Hockey Camp Registration Form

(Please fill out form completely, including signature at bottom)

PARTICIPANT NAME _____ DOB ___/___/___

AGE _____ GRADE ENTERING (in fall 2011) _____

SCHOOL THAT CHILD IS ATTENDING _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____

E-MAIL ADDRESS _____

PARENT/GUARDIAN NAME _____ CELL PHONE _____

2ND CONTACT NAME _____ CELL PHONE _____

PLEASE LIST ANY ADDITIONAL INFORMATION HERE (i.e. special needs/medical notes/other):

* IN CONSIDERATION OF YOUR ACCEPTING MY ENTRY, AND UNDERSTANDING THAT A CERTAIN AMOUNT OF RISK IS INHERENT TO SOME RECREATIONAL PROGRAMS, I HEREBY, FOR MY CHILD, MY HEIRS, EXECUTORS, AND ADMINISTRATORS, WAIVER AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I OR MY CHILD MAY HAVE AGAINST THE CENTREVILLE FIELD HOCKEY CAMP, CENTREVILLE HIGH SCHOOL, AND ITS REPRESENTATIVES, AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MYSELF OR MY CHILD AT ANY ACTIVITY SPONSORED BY THESE GROUPS.

PARENT SIGNATURE **X** _____