

# CHILLIWACK PINK PANTHERS FIELD HOCKEY CLUB

## Spring Registration Form March – July 2018

<b>Select one:</b>	<b>U13</b> Born after Jan 1 2005	<b>U15</b> Born after Jan 1 2003	<b>U18</b> Born after Jan 1 2000	<b>Women's</b>
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Name: \_\_\_\_\_ Birthday (YYYY/MM/DD): \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Parent Phone #: \_\_\_\_\_ Athlete Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Athlete Email: \_\_\_\_\_

The Chilliwack Pink Panthers Field Hockey Club has my permission to use my or my child's photograph to promote the club. I understand that the images may be used in print publications, websites, and social media. I also understand that no royalty, fee or other compensation shall be payable to me by reason of such use.

Yes  No

### Medical Release & Waiver – 2018

In the event that the player is unable to provide consent during a medical emergency, consent is given for the Coach, Assistant Coach or Manager to sign on behalf of the athlete.

Parent Signature: \_\_\_\_\_  
(for any athlete under the age of 19)

Athlete Signature: \_\_\_\_\_

Athlete's Personal Care Card #: \_\_\_\_\_

### Release Form – 2018

I hereby release the Chilliwack Pink Panthers Field Hockey Club and its officers from any claim in respect to any loss or injury in connection with the Club's practices, games, tournaments, drop-ins or special trainings.

Parent Signature: \_\_\_\_\_  
(for any athlete under the age of 19)

Athlete Signature: \_\_\_\_\_

Whole Form Dated (YYYY/MM/DD): \_\_\_\_\_