

CHILLIWACK FIELD HOCKEY CLUB
Home of the Chilliwack Pink Panthers

Spring Registration Form March – July 2020

Select one:	U13 Born after Jan 1 2006	U15 Born after Jan 1 2004	U18 Born after Jan 1 2001	Women's
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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 – 2020

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 – 2020

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): _____