

MYSTX U10/U12/U14 Fall Training Player Information & Waiver

(please write legibly)

'10

Return completed form with payment to:

Tina Reinprecht, Director Mystx Field Hockey 131 Griffith Court Perkasie, PA 18944

Name _____

Address _____

City _____ St _____ Zip _____

Date of Birth _____ SS# _____ USFHA # NA _____

Email _____ Phone _____ Ath Cell _____

Parents _____ Parents Email (Req'd) _____

Parents address(if different) _____ Pcell _____

School Attending _____ Grade _____

School Guidance Counselor _____ Phone _____

GPA _____ NA _____ Class Rank _____ NA _____ Class Size/Rank _____ NA _____ SAT: M _____ NA _____ V _____

School Address _____

RELEASE/AUTHORIZATION STATEMENT

Note: This Statement MUST be signed by parent or guardian for a minor and by coach or administrator for himself/herself.

I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of Mystx Field Hockey. Recognizing the possibility of physical injury associated with sports activities and in consideration for Mystx Field Hockey accepting the registrant for their sports programs and activities (the "Programs"), I hereby release, discharge and / or otherwise indemnify Mystx Field Hockey, their affiliated organizations and sponsors, employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs.

Insurance Co. _____ Policy # _____

Medical History:

Drug Allergies _____

Physical Problems _____

Medical Doctor _____ Phone _____

In the event I cannot be reached, either one of the following may act as my designee:

Name/Address/Phone _____

Name/Address/Phone _____

Name/Address/Phone _____

Parent/Guardian Signature: _____ Date _____

Registrant's Signature: _____ Date _____

Mystx Field Hockey is dedicated to the development and continual promotion of youth field hockey in Pennsylvania