

BYFH 2010 TRAVEL TEAM

Last Name: _____ First Name: _____

Date of Birth: _____ Grade (Fall 2010): _____

Parents / Guardians: _____

Phone: _____ Email: _____

Mailing Address _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Read and Sign below: I am fully aware of the risks inherent and hereby give my consent for the above named applicant to participate in the program offered by the Bellingham Youth Travel Team, and hereby release the town of Bellingham, any of its instructors, employees, volunteers, coaches from any and all liability from injuries, claims, demands, costs, loss of services, expenses, and or damages sustained by me or us or our minor children on account of her participation in said program or event.

Date: _____ Signature: _____

YOUTH FIELD HOCKEY ADDITIONAL INFORMATION

T-shirt Size (adult sizes only): Small Medium Large X-Large

Insurance Company: _____ Policy # _____

The above participant has my permission to participate on the youth field hockey travel team. In the case of medical emergency, I understand every attempt will be made to contact parents, guardians and emergency contacts. If they cannot be reached, I hereby give my permission to the youth travel team staff to hospitalize and secure medical treatment for my child. Any expense arising from injury or illness is the responsibility of the person signing below.

Date _____ Signature: _____

*Please make checks payable to Bellingham Field Hockey Booster Club (Fee \$35)
Send to: Bellingham Field Hockey c/o Carrie Wernig 39 Chestnut St. Bellingham, MA 02019*