



Coastal Premier Field Hockey Registration

Player Information

Last Name: _____ First Name: _____ M.I. _____

Birth Date: _____ Age: _____

Street Address: _____

City: _____ Zip: _____

Contact Information

Parent(s)/Guardian Name: _____

Home Phone: _____ Cellular Phone: _____ Work Phone: _____

E-mail Address: _____

Field Hockey Experience

Level (Circle one): Middle School 1st Team/Freshman JV Varsity

Preferred Position if any _____

Would you be willing to play up at a higher age group (Circle one): Yes No

Special Requests (**Cannot be guaranteed**)

Play with _____

Carpool with _____

Other _____

T-shirt Adult Uni-sex sizing (End of Season celebration)

_____XL _____LG _____Med _____SM _____XSM

Volunteers needed, please contact a board member if you are interested in supporting our league



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This section is intended to be used as a resource for emergency responders should the below listed athlete become involved in an accident or serious injury.

Player Information

Full Name: _____ Date: _____
Birth Date: _____

Emergency Notification

Parent(s)/Guardian Name: _____ Home Phone: _____
Cellular Phone: _____ Work Phone: _____
Home Address: _____
Physician Name: _____ Office Phone: _____

Insurance Information

Name of insurance company: _____
Identification number: _____ Group number: _____
If your insurance is an HMO, please provide the telephone number for authorization of emergency treatments;

MEDICAL INFORMATION

Please list any information that you feel becomes relevant to your care should you be involved in an accident or serious injury. If you need additional space to explain, please use the back of this form.

1. ANY ALLERGIES including insects & food: _____
2. CURRENT MEDICATION(S) BEING TAKEN; _____
AND FOR WHAT CONDITION: _____
- HISTORY OF ASTHMA, DIABETES, HEART MURMUR, SEIZURES, FAINTING, etc:
[] YES [] NO IF YES, PLEASE EXPLAIN: _____
4. HAVE YOU EVER HAD SURGERY / MEDICAL ILLNESSES: [] YES [] NO
IF YES, PLEASE EXPLAIN: _____

I understand that for an emergency that requires hospitalization or emergency care, efforts will be made to contact the emergency contact(s). In the event they cannot be reached, permission is hereby given to the physician selected by representatives of Coastal Premier Field Hockey (coach, volunteer, or league officers) to do what is medically necessary, if and as needed.

I have read the above and understand and agree to these conditions and terms for my child.

Date: _____ Signature of Parent/Guardian: _____



Coastal Premier Field Hockey Registration

In consideration of placement and participation in the Coastal Premier Field Hockey league a registration fee of \$250 plus a \$50 fundraising fee will be collected

Fundraising Fee; as part of the registration process we are pre-selling five ten dollar fundraising calendars to each player. If a player wishes they may purchase all five calendars or may sell each calendar (\$10.00 each) to offset their total fee (reducing \$300 to \$250). By doing this we will eliminate fundraising activities other than our optional Martin Luther King Day Tournament.

Payment in full is preferred, payable either on Parent's night Tuesday Nov. 13th or by the first game of the season (cash or check)

Split Payment if desired, no less than 50% of registration fee and the fundraising fee (\$175.00). All monies are due by the first scheduled game, either Tuesday Nov. 29th or Friday Dec. 2nd. **If payment has not been made the player will be ineligible to play or to practice.** Payment may be made in person at the Parent's night on Sunday Nov. 13th, prior to the start of the first game, or may be mailed to the following address:

Coastal Premier Field Hockey
15 Grandview Dr.
Scarborough, Me 04074

Coastal is not responsible for any delays or monies lost in the mail.

The remaining 50% of the registration fee is due no later than the Martin Luther King Day Tournament Jan. 16th, 2012

Refunds, in full prior to 1st game, 50% prior to MLK day, after Jan. 17th all registration fees are non-refundable

Failure to adhere to the payment schedule will result in an immediate suspension of the player from the league, no practices or games until appropriate payment is received

I have read and understand my financial obligation for my child's participation in Coastal Premier Field Hockey.

Date: _____ Signature of Parent/Guardian: _____

Official Use Only Age Verified _____

Payment Made _____ (Cash or Check)

Completed Packet _____ (Separate Release Form signed)