

FAST FLICKS 2008 Fall Season

PO Box 44
Paoli, PA 19301

E-MAIL:
www.fastflicks.org

FALL 2008 REGISTRATION FORM: Deadline: June 30th
(after June 30th, add a \$25 Late Fee and player will be placed on a waiting list)

Player's Name: _____ Parents/Guardian Name: _____
Street Address: _____ Birth date: _____
City: _____ Twp.: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
School: _____ School Grade Fall 2008: _____ Years Exp.: _____
Contact EMAIL: _____

You may list up to 3 requests for team placement: _____
Please note: In an effort to balance team strength we can not guarantee requests will be honored.

I would be willing to volunteer to: Coach ___ Assistant Coach ___ Team Parent ___
Referee ___ Fields ___ Picture Day ___ Other ___

Volunteer Name: _____ **E-mail:** _____

Registration Fee: check payable to "FAST FLICKS"

\$100 - Grades 1-6

\$70 - Grades 7 & 8

\$30 - Grades 9-12

I. HOLD HARMLESS AGREEMENT

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in The FAST FLICKS Field Hockey League. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in field hockey and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the FAST FLICKS organization, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in field hockey and the activities incidental thereto, whether the result of negligence or any other cause.

II. MEDICAL RELEASE

- a) In the event of injury or sickness, I authorize FAST FLICKS Team representatives to transport and admit the above named youth to a nearby hospital for emergency medical treatment. I authorize said Hospital to commence treatment.
- b) The above named player has no known medical limitations (examples - allergies, asthma, diabetes, hearing, sight, etc.) except as follows (if none, then the word "NONE" must be written in this space):

c) Further, undersigned parent/guardian hereby acknowledges adequate personal medical insurance coverage for the above named youth. No child will be permitted to play without providing FAST FLICKS evidence of insurance coverage:

Health Insurance Policy No. _____ Health Insurance Company _____
Parent/Guardian Signature _____ Date _____

III. PHOTO RELEASE

I understand that photographs of my child and her team may be taken for the promotion of Fast Flicks. I agree that they may be used, but are not limited to brochures, literature, newspapers, website, etc. I agree that her individual and/or team name may be used.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received _____ Amount Paid _____ Check No. _____