

2009 FIELD HOCKEY REGISTRATION FORM
Huntingdon Valley Activities Association
P.O. Box 155
Huntingdon Valley, PA 19006
(215) 947-9823
www.hvaa.net

HVAA Use Only	
Cash/Money Order Amount _____	
Ck. # _____	Ck. Date _____
Ck. Amount _____	Late Fee _____
1 st 2 nd 3 rd 4 th ___ th	Child
<input type="checkbox"/> Registered	

PLEASE FILL OUT COMPLETELY AND PRINT NEATLY

Comments: _____

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- Please mark if this is the **FIRST** time you are registering your child in an HVAA activity.
- Please mark if the address and/or phone number listed below has changed since the **last time** you registered your child in an HVAA activity.

Child's Name: _____ Sex: M ___ F ___ Height: ___ FT. ___ IN.
Address: _____ Phone # _____
_____ Date Of Birth: ___/___/___ Age As of 9/1/2009: _____
_____ Grade You Will Be Entering In 2009/2010 School-year: _____
EMAIL: _____

Please list two contacts HVAA can use to inform you of schedules, rosters and other pertinent details applicable to your child.

Contact 1: _____ Phone #: _____ Relationship to child: _____
Work Phone #: _____ Cell Phone #: _____
Contact 2: _____ Phone #: _____ Relationship to child: _____
Work Phone #: _____ Cell Phone #: _____

A family member has ___ has not ___ attended a mandatory HVAA Parent Education Class

Registration Fees

\$55 PER CHILD

Parental Waiver and Consent Form: As the parent or legal guardian of the above child, I hereby request and give my full consent and approval for my child to participate as a team member in the sport designated above. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I understand that risks of injury are 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, even if arising from the negligence or gross negligence of the releasees or others, and assume full responsibility for my child's participation. I hereby certify my child is fully capable of participating in the designated sport and my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence, gross negligence or any other cause. I have read this registration/consent form. I give full consent for my child's participation.

Child Participation: Under HVAA rules, any child may be prohibited from participating in future programs if he/she does not attend at least 75% of all games and practices.

Refund Policy: If you wish to withdraw your child from the program and request a return of your registration fee, you must submit your request in writing by regular mail at P.O. Box 155, Huntingdon Valley, PA 19006, postmarked on or before August 15th, 2009. Requests after these dates will not be honored. A \$10 processing fee will be deducted from all refunds

Game Scheduling: Due to limited availability of facilities and the uncertainty as to the number and/or ages of children registering for the sport, game and practice schedules cannot be determined until after the drafting of teams occurs.

Parent/Guardian Signature: _____ Date: _____ (MUST BE SIGNED & DATED!)

By signing this registration form, children, parents and coaches agree to comply with HVAA's code of conduct. The Board of Directors reserves the right to refuse to register any child for any reason and to remove any child from any activity at any time.