



Field Hockey

Name: _____ Age: _____

Town: _____ Grade: _____

Phone: _____ D.O.B: _____

Email: _____

Parents Name(s): _____ (please print)

Parent/Guardian Consent

I, the parent/guardian of the above named child, do hereby grant my daughter permission to play the sport of AYS Field Hockey for the current season. I will not hold Area Youth Sports or any of its officers, directors, coaches, volunteers, or sponsors of teams or any patron of this league responsible for any injury received by my daughter in said program.

Parent/Guardian: _____
(print clearly)

Signed: _____ Date ____/____/____

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Shirt size: YS YM YL AS AM AL AXL AXXL
(Circle one)

Players fee: \$20/child

Paid: YES	NO	Check # _____	Cash
Office use only			