

Windsor Area Recreation Commission
Field Hockey Program Registration & Parent Permission Form

Today's date:			Activity: Fall 2018 Field Hockey		
PLAYER INFORMATION					
Player's last name:	First:	Middle:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone #:	
Street Address:	City/State:	Zip Code:	Municipality:	Age:	Birthdate:
Grade (2018-2019 school year):	Parent/Guardian:		Email Address:		
TEAM INFORMATION					
Has child played before: <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Team/Coach:				
EMERGENCY INFORMATION					
Other adult to contact in case of emergency:	Phone #:		Preferred Hospital:		
Family Doctor:	Phone #:				
Please list allergies (especially to insect bites/stings), along w/instructions for treatment:					

I freely and willfully, without coercion or pressure of any kind, give permission for my son / daughter to participate in the above Windsor Area Recreation Commission Program. I understand that this sport may involve certain risks of injury, including fractures, brain injuries, paralysis or possible death. I voluntarily release and hold harmless the Windsor Area Recreation Commission, the Windsor Area Recreation Commission board, Windsor Township and Borough, the respective supervisors, employees, and volunteers, from any claim for personal injury or damage during my child's association with this activity. I also give permission for my child's picture to be used for promotional purposes.

In the event of an injury to my child in my absence, I hereby give my permission and consent for my child to receive emergency medical treatment by an attending physician, paramedic, or emergency services personnel that is deemed necessary for the health and well-being of my child, including being sent and admitted to the nearest hospital for emergency medical treatment.

Signature of Parent/Guardian

Date

I will support the Windsor Area Recreation Commission Program as: (please ✓ all that apply)
Your children will appreciate your participation in their activities.

_____ **Team Coach / Assistant Coach** (Please Circle)

_____ **Team Coordinator** (Aids Coaches with Administrative Tasks)

- Please make all checks payable to: WARC (Note: there is a \$20 fee for all returned checks)
- **No refunds unless the player is physically unable to play due to injury, has moved 20 miles out of the area, or WARC is unable to accommodate a player based on their skill and/or age level.**
- Disciplinary policies and procedures regarding both parents and players are on file at the WARC office. **No refunds will be granted to players who are dismissed from a team due to disciplinary reasons for both children and parents.**
- No guarantees or promises can be made as to which team a player will be assigned to. Assignment will be based on league rules, team availability, player skill level, previous team assignments, etc. with special requests being considered when possible.

Registration Fees:

Fees	Amount	<input checked="" type="checkbox"/>
Per Player (RLASD Resident)	\$65.00	<input type="checkbox"/>
Per Player (Non-Resident)	\$75.00	<input type="checkbox"/>

POLICY FOR THE USE OF TOBACCO AND/OR ALCOHOL PRODUCTS:

Smoking and/or use of all tobacco and alcohol products by players, coaches or spectators on any Windsor Area Recreation Commission facility or grounds before, during or after any organized recreation event or program is prohibited.

Program Participation:

Due to limited resources, it may become necessary to limit enrollment in the WARC Field Hockey Program. Every effort will be made to place all registrants on a team. RLASD residents will receive priority. WARC will refund the registration fee to any Non-RLASD resident excluded from the program.

Inclement Weather:

It is at WARC's discretion to cancel or reschedule missed practices and games, due to inclement weather. The weather forecast is out of WARC's control.

Uniforms: (Please check (✓) size required)

	Youth SM (6-8)	Youth Med (10-12)	Youth LG (14-16)	Adult Small	Adult Med	Adult LG
Jersey Size						

All forms and payment are due upon registration. NO EXCEPTIONS.

Parental Pledge: It is the aim of Windsor Area Recreation Commission to provide an athletic environment that promotes teamwork, sportsmanship, and fair play. We recognize that as parents you are role models, and as such, you play an integral role in instilling these character traits in your children. WARC asks parents to foster an atmosphere of support and encouragement for the players as they participate in athletics, regardless of outcome - successes or mistakes. If a parent becomes unruly, coaches and/or the recreation director have the right to escort them away from the immediate playing/incident area and restrict them from future sporting event attendance within the Windsor Area Recreation Commission.

Parent's Name, Printed: _____

Parent's Signature: _____

OFFICE USE ONLY

\$ _____ Resident Fee (\$65)

Pay Method _____

\$ _____ Non-Resident Fee (\$75)

Date Rec'd _____

\$ _____ \$5 Family Discount

Rec'd by _____

\$ _____ TOTAL PAID