

PRIORITY REGISTRATION ENDS FEBRUARY 10TH AT 5:00 P.M.

Priority Registration	AAPS District: \$ 100	Non-Resident: \$ 110
Standard Registration	AAPS District: \$ 110	Non-Resident: \$ 120

ID # _____

Does your registration contain a new address, phone number, or e-mail address? Yes No

PLAYER'S INFORMATION

Name _____
first last

Address _____
street city state zip

Home Phone: (_____) _____ Gender: Male Female

Date of Birth _____ / _____ / _____ Grade: _____

My child attends: an Ann Arbor Public School a charter or private school

Name of School: _____

Do you wish your child to play on a team from the Charter or Private school he/she is currently attending, if one is formed? Yes No

CHOOSE YOUR CHILD'S LEAGUE: SELECT YOUR CHILD'S SHIRT SIZE:

- | | |
|---|---|
| 4301 <input type="checkbox"/> 3rd/4th Grade | <input type="checkbox"/> Youth Small (6-8) |
| 4305 <input type="checkbox"/> 5th/6th Grade | <input type="checkbox"/> Youth Medium (10-12) |
| 4309 <input type="checkbox"/> 7th/8th Grade | <input type="checkbox"/> Youth Large (14-16) |
| | <input type="checkbox"/> Adult Small (34-36) |
| | <input type="checkbox"/> Adult Medium (38-40) |
| | <input type="checkbox"/> Adult Large (42-44) |
| | <input type="checkbox"/> Adult XL (46-48) |
| | <input type="checkbox"/> Adult XXL (50-52) |

Do you want your child to "play up" a grade? Yes No

Special Requests: _____

Allergies or Medical Conditions: _____

PARENT/PAYER NAME

Check here if address is same as player

Name _____
first last

Address _____
street city state zip

Home Phone: (_____) _____ Date of Birth _____ / _____ / _____

Other Phone: (_____) _____ Gender: Male Female

E-Mail: _____

PAYMENT METHOD From Account: \$ _____ Scholarship #: _____

Check # _____ Cash: \$ _____ Credit Card

ONLY COMPLETE IF PAYING BY CREDIT CARD

Name on card: _____

VISA Mastercard American Express Amount: \$ _____

Card#: _____ - _____ - _____ - _____ Exp. Date: _____ / _____

Signature (required): _____

I agree to pay the amount listed above according to the card issuer's agreement and Youth Field Hockey Refund Policy.

ACKNOWLEDGEMENT OF WARNING AND ASSUMPTION OF PERSONAL RESPONSIBILITY

Each registrant's parent or guardian must sign this statement. **Registrations without a parent's or guardian's signature on the line below will not be accepted and will be returned for signature.**

I hereby acknowledge that Community Education and Recreation has warned me that my child, by participating in the Youth Field Hockey Program, maybe injured. Injuries might include, but are not limited to injuries to the eyes, nose, and other parts of the face, contusions, sprains, fractures, ligament or cartilage damage which could result in partial, complete, temporary, or permanent impairment in the use of limbs. These and other injuries could also result in brain damage, paralysis, or even death.

Even though these injuries occur, I give my consent to my child, who is named on this form, to participate in the **Youth Field Hockey Program**. I understand and accept that there is no Benefit Fund for participants in this program and agree to assume personal responsibility for any injuries that my child may suffer as a participant in this program. I also realize that there will not always be trained medical personnel on-site at the program's practices and games.

Parent's Code of Ethics: I promise to support the goals of the Rec & Ed Youth Field Hockey Program, which include teaching youth to work cooperatively and develop self-esteem and sports skills through game play, and, above all, to have fun. Furthermore, I understand that, as a spectator, if my conduct or language is deemed to be unsportsmanlike by the Recreation Department, I maybe asked to leave the playing area in which my son's or daughter's games are being held.

Parent or Guardian – Please Sign: Acknowledgement of Warning

X _____ **Date** _____

ADULT VOLUNTEER REGISTRATION FORM

Name _____
first last

Address _____
street city state zip

Home Phone: (_____) _____

Evening Phone: (_____) _____

Other Phone: (_____) _____

E-Mail Address: _____

RELATIONSHIP TO PLAYER Grandparent Family Friend
 Parent Other: _____

I AM VOLUNTEERING AS A: (CHECK ALL THAT MAY APPLY)

Head Coach Assistant Coach Team Parent

I realize that I may or may not be assigned to any of the positions that I am volunteering for. However, if I am, I will follow the guidelines and policies of the **Youth Field Hockey Program** as set forth by Community Education and Recreation.