



## Youth Lil' Strikers Field Hockey Registration Form Spring 2020

*\*Please write legibly\**

Session I (5-6 yrs)		Age: _____ (as of 05/15/2020)	
_____ Child's First and Last Name	<b>Child's Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
_____ Home Address			
_____ City and Zip			
_____ Home Phone or Cell Phone	_____ / _____ / _____ Child's Date of Birth		
_____ Parent/Guardian Name			
_____ Parent/Guardian Work Phone or Cell Phone	<b>T-shirt Size</b> <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		
_____ Parent/Guardian E-Mail <b>**Used for updates and notifications**</b>			
_____ Emergency Contact Name <b>(Person other than parent/guardian who can be immediately contacted)</b>			
_____ Emergency Contact Number			
<p style="text-align: center;"><b>*Department policy states that special requests for team placement cannot be honored. This includes requests for carpooling, assignment with friends, or particular coaches, specific practice times, etc.*</b></p> <p>Do you have any brothers/sisters playing? If so, what division are they in?</p> <p>_____</p> <p>ATTENTION: Does your child have any physical disabilities, allergies, medications or facts that we should be aware of? If yes, please list below:</p> <p>_____</p> <p><b>*By signing this form, I agree to the terms of the City's liability waiver, which can be found at <a href="http://fredericksburgva.gov/index.aspx?nid=1107">http://fredericksburgva.gov/index.aspx?nid=1107</a> or in hard-copy from the Parks and Recreation Department.*</b></p> <p>_____</p> <p>Parent/Guardian Signature &amp; Date</p>			
<b>For Office Use Only</b>	<b>Date:</b> _____	<b>Amount Received:</b> _____	
D.O.B.: _____ Verified by: <input type="checkbox"/> New <input type="checkbox"/> BC List Staff Initials: _____			
Age Waiver: _____ Fee Waiver: _____			