



2012 Winter Registration

SASKATCHEWAN FIELD HOCKEY 2012 INDOOR PROGRAMING

Please check the program you are registering for:

- Fun-Stix**

This program is an introduction into the sport of field hockey
Basic skills are taught through fun drills, and mini-games
Fun-Stix is targeted at athletes 4-11 years of age
Kids will be divided by age and ability
Cost: \$50.00

- Youth League**

Our U13 league is appropriate for beginners through advanced.
This league gives athletes an opportunity to learn field hockey in a semi-competitive atmosphere
Targeting athletes between the ages of 10 – 13 years of age
Cost: \$ 70.00

- PYG Girls/Boys**

Program for athletes born 1997-2000 looking for an introduction to competitive field hockey. Boys and girls teams compete against similar programs in Alberta and Manitoba through exhibition games and tournaments.
Cost: \$80.00
Tournament Information:
March 2-4, Winnipeg, MB (Tentative)
March 16-18, Regina, SK
Tournament costs to be discussed at parent/athlete meeting in January.

- High Performance**

This elite program is for athletes who wish to pursue the game at a more competitive level.
Athletes will compete against other Provincial teams
This program targets athletes between the ages of 12 – 16 years of age
Cost: \$110.00 (Dec-April) *Applicable only if not previously registered

- Sr. High Performance**

For men and women over 18 years of age
All skill levels and experience levels welcome
A great way to stay active & meet new people
Cost: \$100.00
Tournament Information:
March 2-4, Calgary, AB
Tournament costs to be discussed at parent/athlete meeting in January.

REGISTRATION WILL TAKE PLACE ON THE FIRST PRACTICE OF JAN, 2012

or Register Online at www.saskfieldhockey.ca

ATHLETE INFORMATION

Last Name:	First Name:	Years Played:
Street Address:	City/Province:	Postal Code:
Home Phone:	Cell:	Work:
Email Address (es):		
Date of Birth (DD/MM/YY):	Age:	Gender:
T-shirt Size (please circle):		
Youth Small	Youth Medium	Youth Large
Small	Medium	Large
X-Large		

Note: The following is voluntary. The data will be used to identify success within our program and service areas.

Please check one of the following that is most applicable to your Aboriginal ancestry:

- Status/Treaty
- Non-Status
- Métis
- Inuit

**WAIVER, RELEASES & INDEMNITY – RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS, PHOTO RELEASE AND INDEMNITY**

I hereby agree, in return for becoming a member of Sask Field Hockey (S.F.H.A):

- **TO RELAESE THE S.F.H.A**, event organization bodies, sanctioning bodies and S.F.H.A sponsors and their respective directors, officers, employees, agents, contractors, representatives, successors or assigns (collectively the “Releases” from any liability for any loss, damage, injury or expense (collectively “Loss”) that I may suffer as a result of my participation in any S.F.H.A program, due to any cause. Including negligence or breach of contract;
- **TO WAIVE ANY CLAIM** that I may have or may have against any or all of the “Releases” regarding any matter, including without limitation, any claim arising out of any S.F.H.A program;
- **TO INDEMNIFY THE RELEASEES** from any and all claims, actions or Loss resulting in any way from my participation or my child’s participation in S.F.H.A programs;
- **THIS DOCUMENT SHALL** bind my heirs, executors, administrators, assigns, and representatives and will have effect throughout my membership in the S.F.H.A and, to the extent reasonably necessary to give it effect, thereafter;
- **THAT I** am (or my child) is physically fit to participate in any S.F.H.A programs; I am a legal guardian or custodial parent of the child name below.
- **THAT the S.F.H.A** is authorized to take photos of my child or me as its programs for publicity and promotional purposes only.
- I hereby acknowledge and agree that S.F.H.A may use and disclose the information on this form to enable S.F.H.A to provide membership benefits to all S.F.H.A members.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. By submitting this application, I acknowledge having read, understood and agree to the above Waiver, Release and Indemnity and further agree to conduct myself in accordance with the ‘**CODE OF CONDUCT**’ at S.F.H.A Sanctioned Events, included with this form.

Signature

Date

Signature of Parent/Legal Guardian – If Participant is Under 18 years of age

PRINT name and Relationship of Child Participating

Witness that all the correct information has been obtained

YEARLY MEMBERSHIP (check if applicable, pay once per year – April 1, 2011 to March 31, 2012)

Athlete: \$40.00

METHOD OF PAYMENT

Payment Enclosed: **Payable to Saskatchewan Field Hockey Association (S.F.H.A)**

Cheque Cash Bingo Amount: \$ _____

OFFICE USE ONLY

- Individual or Individuals have been updated in the membership database
- Written receipt supplied
- Code of Conduct signed
- Medical Information signed
- Membership received for fiscal year of April 01, 2011 to March 31, 2012

Medical Information

Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Telephone: _____

Health Care Province: _____ Provincial Health Number: _____

Emergency Contact Name (Primary): _____

Emergency Contact Number (Primary #) _____ (Secondary #) _____

Emergency Contact Name (Secondary): _____

Emergency Contact Number (Primary #) _____ (Secondary #) _____

Doctor's Name: _____ Telephone: _____

Dentist's Name: _____ Telephone: _____

Date of last complete physical examination: _____

*** Before a player participates in a Field Hockey program, any medical condition or injury problem should be checked by that individual's family physician.**

Please circle the appropriate response and provide details below if you answer "Yes" to any of the questions.

- | | | |
|-----|----|--------------------------------------|
| Yes | No | Previous history of concussions |
| Yes | No | Fainting episodes during exercise |
| Yes | No | Epileptic |
| Yes | No | Wears glasses |
| Yes | No | Wears contact lenses |
| Yes | No | Wears dental appliance |
| Yes | No | Hearing problem |
| Yes | No | Asthma |
| Yes | No | Trouble breathing during exercise |
| Yes | No | Heart Condition |
| Yes | No | Diabetic – Type 1 _____ Type 2 _____ |
| Yes | No | Medication |
| Yes | No | Allergies |

- Yes No Wears a medical information bracelet or necklace
 For what purpose? _____
- Yes No Has health problem that would interfere with participation on a field hockey team
- Yes No Has had an illness that lasted more than a week and required medical attention in the past year
- Yes No Has had injuries requiring medical attention in the past year
- Yes No Has been admitted to hospital in the last year
- Yes No Surgery in the last year
- Yes No Presently injured. Injured body part: _____
- Yes No Vaccinations up to date
 Date of last Tetanus Shot: _____
- Yes No Hepatitis B vaccination

Please give details if you answered "Yes" to any of the above. Use separate sheet if necessary

Medications: _____

Allergies: _____

Medical Conditions: _____

Recent injuries: _____

Any information not covered above:

I understand that it is my responsibility to keep the team Coach and or Manager advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, manager, physician) as deemed necessary.

Date: _____ Signature of Parent or Guardian: _____