

**Field Hockey Summer Camp Registration**

**Name:** \_\_\_\_\_ **Grade:(Sept. 2018)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**Medical Conditions/Allergies:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_