

University of Maryland Developmental Clinic and 7v7 Play Day
Sunday April 10th and or Saturday April 16th 2011

Registration Form

Name: _____
Email: _____ Home Phone: _____
Address: _____ City: _____
State: _____ Zip: _____
Emergency Phone: _____ Age: _____ Grade: _____
School: _____

Medical Information

Please fill in ALL information below and sign. This information will be used in the event of any illness or injury that requires medical attention.

Parents/ Guardian Name: _____
Phone: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____
Family Physician: _____
Phone: _____
Medical/ Insurance Co: _____
Policy #: _____
In whose name is the Policy listed: _____

Please List any/all pertinent information regarding your child's health. Attach separate sheet if needed.

Date of last Tetanus Toxoid Booster

Is the participant currently on any medications?

Allergies (food, medications, etc.)

Recent injuries

Waiver

All participants must have their own medical coverage. Participants will not be allowed to play unless the above information is submitted and this form is signed by parent/guardian of the participant. I hereby certify that my daughter is in good health and may participate in all clinic activities. Furthermore, I hereby authorize the staff of the University of Maryland Field Hockey Clinic to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release the clinic from any and all liability for any injuries or illness incurred while at the clinic.

Parent / Guardian signature

Date
