



RAM FIELD HOCKEY RETURNING PLAYER FORM

Athlete Information

Player Name: _____ Current Grade: _____

Uniform Size (ladies cut): Adult-S Adult-M Adult- L

Has any information changed? If so, please update below:

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ Phone (mobile): _____

Email (PRINT): _____

Send completed form with non-refundable deposit of \$50 by 3/15/2019 to reserve a spot.

**RAM FIELD HOCKEY
425 BULK PLANT ROAD
LITTLESTOWN, PA 17340**

Direct any questions to John or Candace Reichart at ramfieldhockey@gmail.com or 717-873-8349

U16/U19 Are you interested in the LimeLight Tournament, June 8? _____

U16/U19 Are you interested in the Shooting Start Tournament, Nov 29-Dec 1? _____

Release & Authorization Statement

I, the legal parent/guardian of (registrant) _____, agree that I and the registrant will abide by the rules and bylaws of RAM FIELD HOCKEY. Recognizing the possibility of physical injury associated with sports and activities and in consideration for RAM FIELD HOCKEY accepting the registrant for their sports programs and activities, I hereby release, discharge and/or otherwise indemnify RAM FIELD HOCKEY, their affiliated organizations and sponsors, employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs.

Athlete's Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

OFFICE USE: Date Rcvd: _____ Season: _____ Division: _____ Deposit Rcvd: _____ Notes: _____
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