FOR OFFICE USE ONLY

☐ Pinnie Received ☐ Paid $_____ Date Received: _____ Received by: _____

GRANTHAM INDOOR
P O BOX 739
GRANTHAM, NH 03753
(603) 865-9800 *or fax:* (603) 865-9810
info@granthamindoor.com
www.granthamindoor.com

FIELD HOCKEY APPLICATION

☐ M ☐ F

Name _____ Birth Date _____

Address _____

City/Town _____ State _____ Zip _____

Phone (Day/W) _____ Phone (Eve/H) _____

Email _____

Grantham Indoor accepts Individual, Team, and Small Group Registrations.
Every effort will be made to place players registering as an individual or as a Small Group on a team.

☐ Individual *OR* ☐ Team- NAME: _____ Number of years playing experience _____

Preferred position is: ☐ Goalie ☐ Defense ☐ Midfield ☐ Attack

Emergency Contact (Parent or Legal Guardian if under 18 years of age):

Name _____ Relationship _____

Address _____ City/Town _____

Email _____ State _____ Zip _____

Phone (Day/W) _____ Phone (Eve/H) _____

Alternative Emergency Contact (If parent/guardian cannot be reached):

Name _____

Relationship _____ Email _____

Phone (Day/W) _____ Phone (Eve/H) _____

Waiver

Adult Release/Waiver of Liability:

I release, absolve, indemnify, and hold harmless **Grantham Indoor** and its staff, in the event of injury while participating in the program listed above. I have read and understand the rules and regulations of **Grantham Indoor**. I hereby grant permission to **Grantham Indoor** the right to use, reproduce, and/or distribute photographs, films, video, and sound recordings of myself, without compensation or approval rights, for use in materials created for purposes of promoting the activities of **Grantham Indoor**.

_____
Signature of Applicant Date

Parental Permission for Children Under 18 Years of Age:

My son/daughter, as registered above, has my permission to participate in activities at **Grantham Indoor**. I have read and understand the rules and regulations of **Grantham Indoor**. I further release, absolve, indemnify, and hold harmless **Grantham Indoor**, and its staff, in the event of injury to my son/daughter. In the event of an emergency requiring medical attention, I authorize that necessary medical attention be given to my child by a qualified physician in the event I cannot be reached. I hereby grant permission to **Grantham Indoor** the right to use, reproduce, and/or distribute photographs, films, video, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of **Grantham Indoor**.

_____
Signature of Parent/Guardian Date

If playing on a team, payment should be submitted through the coach. If playing as an individual, payment should be made to **Grantham Indoor, PO Box 739, Grantham, NH 03753.** *VISA, MasterCard, & Discover* are accepted.

Payments must be received in full before the first game.