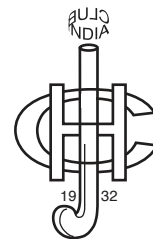


# India Field Hockey Club

www.indiaclub.ca • Email: indiaclub@live.com  
8250-112th Street, Delta, BC V4C 4W6



## PLAYER REGISTRATION INFORMATION:

- Please print all information neatly in dark ink and complete all sections.
- A cheque is required to complete registration.
- Please make all cheques payable to: INDIA FIELD HOCKEY CLUB
- Registration received after deadline will not be guaranteed a place on the team.
- India Club will provide a Jersey - players are responsible for shorts, socks, shoes & stick.
- By registering, players are committing to attend a minimum of 1 game & practice per week.
- All players must wear mouth guards in order to be eligible for dental insurance coverage.
- All players must wear shin guards and mouth guard.

### PLAYER REGISTRATION INFORMATION

LAST NAME	FIRST NAME	HOME PHONE
ADDRESS	CITY	POSTAL CODE
CARE CARD NO.	DATE OF BIRTH	MALE/FEMALE
E-MAIL ADDRESS:	MOM CELL#	DAD CELL#
MEDICAL CONDITION OR MEDICAL REQUIREMENTS		

### PARENT / GUARDIAN INFORMATION

FATHER'S NAME:	PHONE (CELL)	PHONE (WORK)
MOTHER' NAME:	PHONE (CELL)	PHONE (WORK)
EMERGENCY CONTACT:	PHONE (CELL)	PHONE (WORK)
PARENT/GUARDIAN (19 YEARS OR OLDER)_____ (INITIAL)		

## Waiver

I, the undersigned, hereby provide consent for my child (the "Participant") to attend and participate in games, practices, including transportation to and from related activities of India Field Hockey Club (IFHC). I understand the rules for participation must be followed at all times and the sole responsibility for personal safety remains with me/the Participant. The Participant must follow the IFHC's Code of Conduct (available on our website at www.indiaclub.ca). I do hereby waive, release and promise to indemnify IFHC, its' organizers, supervisors, sponsors, participants, persons, coaches and managers from any and all liabilities. I fully accept the risks associated with playing field hockey include but are not limited to, sprains, concussions, contusions, broken bones, and in extreme cases death and that the above named athlete is participating at his/her own risk.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*For further details please contact:*

Narinder Sangha  
604-318-1984

Bill Sandhu  
604-346-8303

Harbhajan Singh  
604-729-5649