



www.realfieldhockey.com

## Registration Form - Summer Camp 2011

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in Fall: K 1 2 3 4 5 6 7 8 9  
(T shirt Guaranteed when preregistered by June 18, 2011)

Please circle Tshirt size Youth: S M L Adult: S M L XL

Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: (Please write CLEARLY) \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Camp Level:

\_\_\_\_\_ Camp Level 1: Entering Kindergarden - 4th grade \_\_\_\_\_ Camp Level 2: Entering 5th - 9th grade

### Field Hockey experience: (check most appropriate)

\_\_\_\_\_ Beginner (never played before) \_\_\_\_\_ Intermediate (recreational/camps) \_\_\_\_\_ Advanced (have played on a school team)

### Registration Check list:

- \_\_\_\_\_ I have enclosed a check for **\$280.00** payable to R.E.A.L. Field Hockey, Inc.
- \_\_\_\_\_ Late registration fee **\$300.00** (after June 18, 2011 - onsite registration available) NO DEDUCTIONS.
- \_\_\_\_\_ I have completed and enclosed the Photography Release form.
- \_\_\_\_\_ I have completed and enclosed the Health and Release form and included a copy of current physical.  
*It is required by the State of Massachusetts Board of Health that the camp has proof of up to date immunizations/physical. Valid for 1year. Please send a copy.*
- \_\_\_\_\_ *Discount:* I have enclosed a check for **\$275.00/per camper** which includes a \$5.00 deduction for **every 2 registrations mailed together** (must be post marked before June 18, 2011).

\*Withdrawal or cancellation prior to the first day of camp for any reason will result in a full refund less a **nonrefundable processing fee of \$50.00**. All withdrawals or cancellations must be made in writing and received prior to the first day of camp.

How did you hear about the R.E.A.L. Field Hockey Camp?

Previous Camp Friend Email Clinics Newspaper Other

Teammate request (1 only): \_\_\_\_\_ (registrations must match)

We will do our best to match teammates, there is no guarantee.

Are you a returning camper? Yes No

**Mail to:**  
**R.E.A.L. Field Hockey, Inc.**  
**17 Elmwood Street**  
**Maynard, MA 01754**

# Health and Release Form

Camper's Name: \_\_\_\_\_

## Health and General History:

It is required by the State of Massachusetts Board of Health that the camp has proof of up to date immunizations/physical. Valid for 1 year.

**Please send a copy.**

If the camper should be restricted from any activity, please note:

\_\_\_\_\_

If the camper will be taking medication during camp, please indicate name of drug and dosage:

\_\_\_\_\_

Please identify any medical condition or history which would require special attention:

\_\_\_\_\_

Immunizations: **Please send a copy.**

\_\_\_\_\_

Allergies: (yes/no)

\_\_\_\_\_

Drug Reactions: (yes/no)

\_\_\_\_\_

Physician's Name:

\_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Insurance Information:

Carrier Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Holder relationship to camper: \_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_, give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me or the named emergency contact before taking action. I hereby waive, release, indemnify and hold harmless R.E.A.L. Field Hockey, Inc., staff, camp management, agents and sponsors from any liability for any damages, accidents, injury or illness incurred while at camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp. By signing below, I certify that all information on this form is accurate.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**Mail to:**  
**R.E.A.L. Field Hockey, Inc.**  
**17 Elmwood Street**  
**Maynard, MA 01754**

# R.E.A.L. Field Hockey, Inc. Photography Release Form

This letter confirms the agreement between you and R.E.A.L. Field Hockey, Inc. regarding your participation in approved activities in which you may be photographed or videotaped from time to time. For valuable consideration received, you hereby irrevocably grant to R.E.A.L. Field Hockey, Inc. perpetually, exclusively, and for all media throughout the world (including print, nontheatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of you as a result of your participation in approved activities of R.E.A.L. Field Hockey, Inc. You hereby agree that you will not bring or consent to others bringing claim or action against R.E.A.L. Field Hockey, Inc. on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. You hereby release R.E.A.L. Field Hockey, Inc. , its directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against R.E.A.L. Field Hockey, Inc. This agreement shall not obligate R.E.A.L. Field Hockey, Inc. to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. R.E.A.L. Field Hockey, Inc. shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm or corporation.

I understand that these pictures will be accessible to anyone with Internet access and may be used in instructional settings, however, no names of subjects will be published.

AGREED TO AND ACCEPTED on this date \_\_\_\_\_

\_\_\_\_\_  
Participant's Name - Please Print

\_\_\_\_\_  
Signature of Parent or Guardian

Mail to:  
R.E.A.L Field Hockey, Inc.  
17 Elmwood Street  
Maynard, MA 01754