



Field Hockey Registration Form

PLAYER FULL NAME: _____ DOB: _____

ADDRESS: _____

PHONE NUMBER: _____ M/F: _____ Shirt Size: _____ Resident or Non Resident (Please Circle)

SCHOOL: _____ CURRENT GRADE: _____

PARENT/GUARDIAN FULL NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

Interested in being a coach? Yes or No (Please Circle)

PARENT/GUARDIAN FULL NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

Interested in being a coach? Yes or No (Please Circle)

K-1 (\$40) _____ 2nd - 6th Grade (\$55) _____

Additional Siblings Discount (please circle) YES or NO Discount (\$10 per additional player) _____

Ex 1. 6th grader + 1st Grader = 55 + 40 = \$95 - \$10 = **\$85 total**

Ex 2. 2nd grader + 5th grader = 55 + 55 = \$110 - \$10 = **\$100 Total**

Ex 3. 2nd grader + 4th grader + Kindergartner = 55 + 55 + 40 = \$150 - 10 - 10 = **\$130 total**

Participant is Non Resident (please circle) YES or NO Additional Fee (\$10 per player) _____

Mouth guards and shin guards are not included

Please return registration with payment to Will Foster @
55 W. Water Street, Middletown PA 17057 or via email wfooster@raiderweb.org.
Payment is due at time of registration. Please make checks payable to MARA.



Field Hockey Emergency Contact Form

Player Information	
Player Name:	
Date of Birth:	

Primary Contact information	
Contact Name:	
Relationship to Player:	
Primary Phone Number:	
Work Phone Number:	

Secondary Contact information	
Contact Name:	
Relationship to Player:	
Primary Phone Number:	
Work Phone Number:	

Medical Information	
Insurance Company:	
Phone Number:	
Group Number:	
Policy Number:	
Physician Name:	
Hospital of Choice:	
Allergies:	
Medical conditions:	

Signature: _____ Date: _____

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