M.T.A.A. Field Hockey Player Information Sheet:

Please complete ALL information below as clear as possible.

Player Name:			· .	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Parent/Guardiai	n:			
Address:				
n.				
Phone:				
	Cell		· · · · · · · · · · · · · · · · · · ·	·
	Text - YES or NO	(Circle One)		
Email Address:				
Date of Birth:	<u></u>			
Age:				
Grade:		(Entering this Fall)		
UNIFORM:		· ·		
Shirt Size: Youth	n – S M L	Adult – S M L XL	(Circle One)	
Skirt Size: Youth	-SML	Adult – S M L XL	(Circle One)	
	BACK OF JERS	SEY: ce3 rd choice		
		-		
Has your daught	ter played field ho	ockey before?ye	esno	
Do you need to l	oorrow a stick fro	m MTAA for the season	n?yes	no
Do you need to b	oorrow a ball fron	n MTAA for the season	? ves	no

MTAA FIELD HOCKEY EMERGENCY CONTACT FORM

PLAYER NAIVIE:	
MOTHER'S NAME:	FATHER'S NAME:
CELL #:	CELL #:
TEXT: YES or NO	TEXT: YES or NO
HOME #:	HOME #:
E-MAIL:	
NAME OF PERSON TO BE NO	TIFIED IN EMERGENCY IF PARENT NOT AVAILABLE:
	RELATIONSHIP:
HOME #:	RELATIONSHIP:CELL #:
NAME OF PERSON(S) – OTHE	ER THAN PARENT TO WHOM CHILD MAY BE
RELEASED:	
,	
IS THERE SOMEONE WHO SH	HOULD NOT PICK UP THE CHILD? YES or NO
NAME:	DESCRIPTION:
CHILD'S SPECIAL MEDICAL IN	IFORMATION:
ALLERGIES:	
MEDICATIONS:	
OTHER:	
IN CASE OF SERIOUS ILLNESS O	R INJURY AND IF PARENT/GUARDIAN CANNOT BE REACHED
WILL YOU ALLOW YOUR	CHILD TO BE TRANSPORTED BY MEDICAL PERSONNEL:
	YES NO
(DO NOT FILL OUT – WILL BI	E COMPLETED BY A COACH)
PLAYER JERSEY #:	;
POSITIONS:	

MUHLENBERG TOWNSHIP ATHLETIC ASSOCIATION PHOTO RELEASE FORM

I hereby give permission for images of my child, captured during M.T.A.A. FIELD HOCKEY events through photo and digital camera, to be used solely for the purposes of posting on the M.T.A.A. WEBSITE OR M.T.A.A. FACEBOOK.

Name of Player (please print):	
Age:	
Name of Parent/Guardian (please print):	
Parent/Guardian's Signature:	
Date:	
YES, I GIVE PERMISSION.	
NO, I DO NOT GIVE PERMISSION.	

2015 Youth Field Hockey Camp at Muhlenberg High School



Director: Lauren Yoder Varsity Field Hockey Coach

Date/Time: June 23rd-25th from 9:00am-12:00pm

Grades: Students entering grades 2-6 in the fall of 2015

Fee: \$40.00

Location: Muhlenberg HS (Drop off behind the HS building)

The staff will include present MHS and Junior High Coaches as well as current MHS players.

The camp will emphasize fundamentals, stickwork skills, strategy, offense and defense techniques and tactics, controlled game play, and FUN!.

All participants will receive a camp tee shirt.

Please bring a FH stick, shin guards, mouth guard, and water bottle (water jugs will be provided for refilling). We will have extra sticks available for players to use if they do not have a stick.

First time field hockey players are welcome and encouraged to attend!!

Any questions please contact Lauren Yoder at yoda72004@yahoo.com

Please return this form and your check by Monday, June 1, 2015 to:

Athletic Department c/o Lauren Yoder Muhlenberg High School 400 Sharp Ave Reading, PA 19605

Make checks payable to: Muhlenberg Athletic Booster Club

Player Name & School District				
Address				
Phone	· .			
Grade entering in August 2015 so	chool year ₋			
Will you need us to provide a stic	k for you?	Circle one:	Yes	No
Shirt Size (Adult or Youth): S (Circle size <u>and</u> type of shir	M t!)	L	XL	
I hereby give my child permission Field Hockey Camp. I permit not camp activities and will be responding.	ny child to	engage in n	ormal da	ily
Parent Name (Printed):	 			
Parent Signature				
Date of Payment	Ch	eck #		

TIE DYE SOCKS - ORDER FORM ROYAL OR YELLOW TIE DYE - \$8.00/PAIR

PLAYER NAME:	
PARENT/GUARDIAN NAME:	
PHONE NUMBER:	
TEAM (SENIOR OR JUNIOR):	
	,
ROYAL BLUE TIE DYE:	
YELLOW TIE DYE:	
TOTAL # ORDERED:	
AMOUNT PAID:	
** CHECKS PAYABLE TO: 1BALLSPORTS	**