



## PLAYER ENROLLMENT FORM

PLAYERS NAME \_\_\_\_\_ DOB \_\_\_\_\_ Age as of Jan. 1 \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE# \_\_\_\_\_ PLAYER CELL# \_\_\_\_\_  
PLAYER EMAIL: \_\_\_\_\_ (PRINT LEGIBLY)  
USFHA membership# \_\_\_\_\_ EXP. \_\_\_\_\_ PLAYER POSITION \_\_\_\_\_  
PARENT/GUARDIAN NAMES: \_\_\_\_\_  
PARENT(S) CELL PHONE#: \_\_\_\_\_  
PARENT(S) EMAIL: \_\_\_\_\_ (PRINT LEGIBLY)  
List Previous Experience: \_\_\_\_\_

**Cost of participation:** The cost to participate in the **Stryker Field Hockey Club** varies by age level (U10/8 **\$200**, U12 **\$250**, and U14/16/19 **\$300**). There is a \$25 sibling discount. Fees cover the rental of practice fields, USFHA club registration, team equipment, tournament fees (excluding the Cal-Cup tournament and or USFHA Hockey Festival), coaching and additional costs for the season beginning in Feb. and ending after the Cal-Cup Tournament in May. Players must be members of the USFHA (United States Field Hockey Association) which is \$50 for most players under 19 (go to [www.usafieldhockey.com](http://www.usafieldhockey.com) to become a member-membership number and expiration date is required on this form). Uniforms (2 game jerseys) will be an additional fee with the option of ordering additional **Stryker Field Hockey Club** gear. Make registration checks out to **Stryker Field Hockey Club**.

**Parent Participation:** We are a volunteer-run organization. To help keep costs down, we ask all parents and/or families support of team activities and events by volunteering where you can.

**Waiver of Liability\*** In and for the consideration of my child's participation in the **Stryker Field Hockey Club**, the undersigned will hereby not hold the **Stryker Field Hockey Club** responsible for any losses, damages, or personal injuries that his/her daughter may receive as a result of participation in all practices, league events, and tournaments occurring on days of participation in the **Stryker Field Hockey Club**

**\*You must also complete the Medical Waiver Forms, and maintain, your USFHA membership (go to [www.usafieldhockey.com](http://www.usafieldhockey.com)). You are also required to maintain medical insurance and are responsible for all expenses related to personal injury that may occur in the course of practices and competitions. This team does not maintain insurance coverage for medical costs.**

**Code of Conduct:** The goal of **Stryker Field Hockey Club** is to provide a positive environment for learning along with opportunities for competitive play. Participants and family members attending events agree to maintain positive behaviors and communications. All concerns or problems that may arise should be reported directly to a Board member for investigation and resolution.

Participant's Signature

Parent/Guardian Signature

Date

**Stryker Field Hockey Club Registrar**

Mail with payment and waivers to:  
**Milligan Dr., San Jose CA 95124**

**5532**