

AN OPPORTUNITY TO GET GOOD

HBHS FIELD HOCKEY TOURNAMENT/ Region 11 Umpire Academy

Come check out Huntington Beach High School's new turf field! Join in the effort to recruit and train new umpires. Full field games on Huntington Beach's two artificial turf fields.

Tournament hosted by Huntington Beach High School Field Hockey and officiated by umpires from the Umpire Academy.

Who: Beginner, JV, and Varsity level players or teams. You may register individually and be placed on a team **OR** you may register as a team.

When: Saturday, July 21st - 11:00am – 5:00pm

Where: Huntington Beach High School, 1905 Main Street, Huntington Beach, CA 92648

Team Registration: \$200/team

Team Name: _____

Level: Circle one: Beginner JV Varsity

Individual Registration: \$25/player (Registering individually and will be placed on a team)

Name: _____

Level: Circle one: Beginner JV Varsity

Position: _____

To register: Complete this form and the emergency form. Make check payable to Huntington Beach High School Field Hockey Boosters. Send forms and check to: Cathy Van Doornum, 6881 Steeplechase Circle, Huntington Beach, CA 92648. To register and get information for the Umpire Academy contact Lou at RUCRegion11@usafielddhockey.com

REGISTRATION DEADLINE: July 6, 2012

Questions?? Contact Cathy Van Doornum (714) 615-2697 or baumvan@yahoo.com

FIELD HOCKEY EMERGENCY CARD

Student _____ Sport _____ Grade Level _____ Birthdate _____
 Address _____ City _____ Phone _____
 Student lives full time with _____ Parents _____ Legal Guardian _____ Other _____

EMERGENCY CONTACTS

a) Parent/Guardian(s) _____ Phone _____
 _____ Phone _____
 b) Other _____ Phone _____

INSURANCE INFORMATION

____ My son/daughter (or ward) is covered for the above activity under our family Health/Medical Plan which provides a minimum coverage of \$1,500 as required by Ed Code #32220-24
 Name of Company _____ Subscriber _____ Policy # _____

MEDICAL TREATMENT INFORMATION

Warning: We realize there is a possibility that a child may suffer severe injuries, including permanent paralysis or death, as a result of participation in athletic activities.

Please read and initial below:

____ **TREATMENT CONSENT:** In the event of an accident or emergency, I (we) give permission for the school authorities to take my (our) child to any available doctor or hospital. If you do not initial on the line what action would you like the school to take _____
 ____ The athlete is currently taking the following **MEDICATIONS** _____
 ____ The athlete has the following **ALLERGIES** _____
 ____ Mouth Guards Required _____

I/we, the parent(s) or guardian(s) of the above named child, hereby release, absolve, indemnify and hold harmless the Huntington Beach Union High School District, Huntington Beach High School, and any coach involved in the Summer activity my child is attending for any injuries or damages he/she may receive during the camp. I/we assume all risks and hazards incidental to the conduct of the camp activities. I/we hereby acknowledge that the above named child is covered under the health/medical plan named above.

 Date Signature of Parent/Guardian Signature of Student