

RUTLAND REGIONAL FIELDHOUSE, INC.  
**REGISTRATION FORM**  
 100 Diamond Run Place  
 Rutland, VT 05701



\_\_\_\_\_  
 Program Name: \_\_\_\_\_

\_\_\_\_\_ CHECK IF NEW ADDRESS

**REGISTRATION INFORMATION:**

**REGISTRANT** (*Please Print*)

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 Town \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_  
 Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Household E-mail \_\_\_\_\_

**PRIMARY Guardian** (*Please Print*)

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 Town \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_  
 Work # \_\_\_\_\_ Cell # \_\_\_\_\_

*Please Print*  
 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Emergency Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

REGISTRANT INFORMATION: (*Please Print*)

Participant's Full Name \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt size (If applicable To Program) \_\_\_\_\_

PROGRAM #	PROGRAM NAME	DATES	TIME	DEPOSIT	MISC.	FEE
<b>TOTAL</b>						
Waiver % _____ Waiver Amount _____ (If applicable)						<b>TOTAL AMOUNT ENCLOSED</b>

EXPERIENCE: (If applicable)

High School	Team _____	Years Played _____	Other (Membership if Required)
College	_____	_____	USA Hockey Yes _____ # _____ No _____
Other (Leagues, Clubs, Etc.)	_____	_____	USSF Yes _____ # _____ No _____
Position Played	_____	_____	US Lacrosse Yes _____ # _____ No _____
			US Field Hockey Yes _____ # _____ No _____

PAYMENT TYPE: Cash (in person only) \_\_\_\_\_ Check (payable to "Rutland Regional Fieldhouse, Inc.") Check # \_\_\_\_\_ Check Name \_\_\_\_\_

**SPECIAL CONCERNS:** List any special needs or concerns of participant(s): \_\_\_\_\_

**WAIVER:** I realize that as with any physical activity there is a possible risk of injury to myself or my child while participating in this activity. I agree to assume the risk of injury which I or my child might suffer while involved in the Rutland Regional Fieldhouse, Inc. activity and I will not hold the Rutland Regional Fieldhouse, Inc. or its coaches, referees, administrators, employees, or board members, liable for any injuries which I or my child may suffer while participating in these activities. I consent to the use of my child's photo, video, artwork, etc. to be used by the Rutland Regional Fieldhouse, Inc. for flyers, brochures and other methods of advertising.

Signature \_\_\_\_\_ Date \_\_\_\_\_