

Bethlehem Catholic High School Field Hockey Summer League 2023
Player Waiver & Registration Form

Team Name/High School: Marojoka

Name: _____

Grade Sept. '23: _____ Age: _____

Address: _____

Home Phone Number: _____

Emergency Contact & Phone Number: _____

Email Address: _____

Please list any medical needs the staff should be aware of:

I hereby certify that the applicant is in good physical condition to participate in the Bethlehem Catholic High School Field Hockey Summer League. If medical assistance is required for illness or injury while attending the league, I give permission for such care and I certify that the applicant is covered by our family medical insurance. Sarah Lumi and her staff are not responsible for and will not provide payment of any medical, dental, hospital or laboratory fees due to injury incurred while participating in the 2023 Bethlehem Catholic High School Field Hockey Summer League.

Name of Medical Insurance Company Policy #

Signature of Parent/Guardian Date