



# HEAR YE, HEAR YE,

COME ONE COME ALL, YOU ARE FORMALLY INVITED TO THE 2010/2011 INDOOR TRYOUTS FOR XCALIBUR/422SPX FIELD HOCKEY CLUBS.

**DATES - TWO OPEN TRY OUTS FOR U19 AND U-16 ON SUNDAY AUGUST 1<sup>ST</sup> AND 8<sup>TH</sup> WITH A CALL BACK ON AUGUST 15<sup>TH</sup> 2010**

**THE U-14/12'S HAVE JUST TWO OPEN TRY OUT DATES SUNDAY SEPTEMBER 12<sup>TH</sup> AND 19<sup>TH</sup> TIME - 1:00 TO 3:00 PM**

**LOCATION - 422 SPORTS PLEX POTTSTOWN PA**

**TIME - U-19'S FROM 1:00 TO 3:00 PM FOLLOWED BY U-16'S FROM 3:00 TO 5:00 PM**

**COST - \$40.00 IF PREREGISTERED OR \$55.00 AT THE DOOR ON THE DAY OF THE TRY OUT. THE CALL BACK FOR U-19/16 DOES NOT COST AN ADDITIONAL FEE.**

**ATHLETES MAY TRY OUT FOR MORE THAN ONE AGE GROUP AND THEY MAY TRY OUT BOTH DATES HOWEVER EACH TRY OUT IS CONSIDERED A SEPARATE TRY OUT SO IF YOU ARE PLANNING ON TRYING OUT FOR BOTH U-19 AND U-16 OR U-14 ON ALL DATES YOU WILL INCUR THE FEE FOR EACH INDIVIDUAL TRY OUT EXCEPT THE CALL BACK.**

**CHECKS MADE OUT TO - XCALIBUR FHC**

**FORM AND ABOVE FEE MAILED TO - SUSAN JUDGE 1003 JEFFREY ROAD WILMINGTON DE 19810**

**THE TRY OUTS ARE INDOOR ON THE TILE RINKS SO COURT SHOES ARE REQUESTED AS WELL AS INDOOR STICKS IF POSSIBLE.**

## General information and waiver form

2011 indoor try outs please circle:

U-19 U-16 8/1 8/8 or U-14/12 9/12 9/19 Check # \_\_\_\_\_ Amount: \_\_\_\_\_

**Pre-registered forms must be post marked 4 days prior to the try out date you are attending.**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Players cell: \_\_\_\_\_

Mothers name: \_\_\_\_\_ Fathers name: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Fathers Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_ Age as of 1/1/11: \_\_\_\_\_

School : \_\_\_\_\_ Years Played: \_\_\_\_\_

USFHA #: \_\_\_\_\_ Futures Y/N: \_\_\_\_\_

Are you on a club team Y/N; \_\_\_\_\_ Club: \_\_\_\_\_

Positions Played: B/M/F/any: \_\_\_\_\_

We (or I) hereby request your acceptance of this WAIVER/RELEASE REGISTRATION for participation in the X-Calibur Field Hockey activities including practices, games, tournaments and try outs. In consideration of your acceptance of this waiver/release, we (or I) hereby release all persons associated with X-Calibur Field Hockey from all claims and causes of action, arising from injury to the participant, whether such injury is the result of negligence or any other causes. If medical attention is required for the illness while participating in any X-Calibur Field Hockey activity, we (or I) give permission for such medical care and we (or I) will be financially responsible.

Participants Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Date Signed: \_\_\_\_\_