



Player Registration Form

Player Name: _____

Date of Birth: _____ Current Age: ____

Street Address: _____

Town, Zip: _____

Phone: _____

Mother: _____ Cell _____

Email: _____

Father: _____ Cell: _____

Email: _____

Level of experience (ODP, Club, Travel): _____

Known allergies/medical conditions: _____

By signing this Player Registration Form, I agree to not hold the Blackhawks SC (BHSC), Town of Bridgewater or the Bridgewater Recreation Dept. and any of its representatives responsible in any way for injuries that are incurred to my child at this and any future sessions.

I also will allow BHSC to respond to, and treat any injury or illness that occurs involving my child in the event I am not present to make said decisions.

I am also stating that my child is a reasonably healthy individual that is able play in a competitive sports environment.

I am also stating that my child is covered by my personal health care insurance.

Parent signature _____ Date _____

My child is allergic to _____

Other health care concerns _____