Bluegrass Premier Indoor Registration Information | 2017-2018

Section I: Athlete Information

Name:_____ I Prefer to be called: _____

Address:_____City:_____State:_____Zip_____

Date of Birth:_____ USA Field Hockey ID Number:_____ Bluegrass Uniform # _____
(Please include a copy of your USFHA Card if available)

YOU MUST HAVE CURRENT USA FIELD HOCKEY MEMBERSHIP TO PARTICIPATE IN ANY SESSION (THIS IS REQUIRED BY USA FIELD HOCKEY)

Position_____ Player Cell Phone _____

Name of School:_____ Player Email_____

Section II: Payment Information Date_____

Individual Sign-up Age Group:

- ☐ **U-19** $485.00
- ☐ **U-16** $485.00
- ☐ **U-14** $485.00
- ☐ **U-12** $250.00
- ☐ **Goalkeepers** $485.00

$550 if post-marked after November 19th

Age Group? _____

Payment Method: _____

Payment Instructions
Make checks payable to:
Bluegrass Premier Field Hockey Club, LLC
1102 Clerkenwell Road
Louisville, Kentucky 40207

Credit Cards NOW ACCEPTED
___Credit card: VISA, MC, AMEX

Amount Authorized _____

Name on card _____

Card Number _____

Exp Date: _____ CIV Code:_____

Signature:_____
By signing above, you are authorizing Bluegrass to charge your credit for the amount

Section III: Responsible Party and Emergency Contact Information

Relationship to Athlete: ☐ Parent ☐ Guardian ☐ Other:_____

Name:_____

Address:_____

City:_____ State:_____ Zip:_____ Phone: (____)_____

Email Address:_____

Home Phone (_____)_____ Work Phone (_____) _____ Cell Phone (_____)_____

Section IV: Health Concerns

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Section V: Health Insurance Information

Name of Insured_____DOB_____Relationship to Athlete _____

SSN#:_____ Name of Employer:_____ Work Phone: (____)_____

Address of Employer:_____City_____State:_____Zip _____

Insurance Company_____ Grp #_____ ID#_____

Ins Co Address:_____ Ins Co. Phone:_____

---------- DO YOU HAVE ANY ADDITIONAL INSURANCE? ☐ Yes ☐ No IF YES, COMPLETE THE FOLLOWING ----------

Name of Insured_____DOB_____Relationship to Athlete _____

SSN#:_____ Name of Employer:_____ Work Phone: (____)_____

Address of Employer:_____City_____State:_____Zip _____

Insurance Company_____ Grp #_____ ID#_____

Ins Co Address:_____ Ins Co. Phone:_____