

## Indoor Season Form 2024/2025 – Adult

**PERSONAL INFORMATION** (This information will be kept strictly confidential. Access is limited solely to the TFHC Executive and Coaches)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Relevant Health Information:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
(Meds/Allergies) \_\_\_\_\_ **Email (required):** \_\_\_\_\_  
*Please note that TFHC correspondence is primarily via email.  
This email address will be added to the TFHC mailing list.*

**Emergency Contact (Name & Phone #):** \_\_\_\_\_

**Occupation Status:** Please check (✓) the appropriate box  Post-Secondary Student\*  Employed  Other  
\* - Post-Secondary Student means a full-time student at any private or public post-high school educational institution.

### PROGRAM FEE INFORMATION

**Type of Program Requested:** INDOOR PROGRAM

ADULT	POST-SECONDARY	OTHER (\$ _____)
<input type="checkbox"/> Men (\$225)	<input type="checkbox"/> Men (\$130)	<input type="checkbox"/> Men
<input type="checkbox"/> Women (\$225)	<input type="checkbox"/> Women (\$130)	<input type="checkbox"/> Women

### TERMS & CONDITIONS

The Program Fee covers the period November 7<sup>th</sup>, 2024, to April 30<sup>th</sup>, 2025 (the "Season").

Terms & Conditions:

1. Fees are to be paid in full within the first week of the start of the program.
2. Fees paid solely provide the right to play in the program chosen for the Season. Fees to play in leagues and tournaments during the Season are incurred on an event-by-event basis.
3. Payment of the fee and signing of the form enrolls the player for injury and liability insurance through Special Risk Insurance Managers Ltd. of Langley, BC, policy SP022318, expiring October 31<sup>st</sup>, 2025.
4. **Special arrangements for delayed payment or payment by installment is available by written request to the Treasurer ([treasurer@torontofield.com](mailto:treasurer@torontofield.com)).**
5. Fifty percent of the Program Fee will be refunded if a request for cancellation of registration is made within three weeks of the signing of this form.
6. Failure to pay the Program Fee on time can result in cancellation of registration or in a \$20 penalty for every month the balance is outstanding.

I hereby agree to the Terms and Conditions as stated above. I accept that TFHC will provide for the health and welfare of each participant but will be released and held harmless from all actions, damages or claims arising out of participation in its programs during the period November 7<sup>th</sup>, 2024, until April 30<sup>th</sup>, 2025. I accept that the decision of TFHC to accept or cancel my registration in its programs is final.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Club Executive signature

### TO COMPLETE REGISTRATION:

1. Send an email to [secretary@torontofield.com](mailto:secretary@torontofield.com) to confirm your interest in registering in a TFHC program.
2. Fill in the form in its entirety.
3. Please send the completed form by email to [secretary@torontofield.com](mailto:secretary@torontofield.com), or deliver it in person before your first program session.
4. Payment is done via the Internet using INTERAC Email Money Transfer or cash ONLY. Please send your fee amount to [FEES@TORONTOFIELD.COM](mailto:FEES@TORONTOFIELD.COM). WE ARE NO LONGER TAKING PAYMENT BY CHEQUE.