

PERSONAL INFORMATION *(The provided information will be kept strictly confidential. Access limited 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):** _____
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 FOR THE SPRING TO EARLY SUMMER PERIOD:

| 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 April 13 to June 30 (the "Season").

Terms & Conditions:

- Fees are to be paid in full within the first week of the start of the program.
- 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.
- Payment of the fee and signing of the form enrolls the player for injury and liability insurance through Special Risk Insurance Managers Inc, policy BINDER103124, expiring October 25th, 2025.
- Special arrangements for delayed payment or payment by installment is available by written request to the Treasurer (treasurer@torontofield.com).
- 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.
- 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 April 1, 2025, until October 25, 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:

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