Toronto Field Hockey Club

www.torontofield.com

PERSONAL INFORMATION *(The provided information will be kept strictly confidential. Access limited to the TFHC Executive and Coaching Staff)*

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Street Address:** _____

Phone #: _____ **City:** _____

Relevant Health Information: *(Meds/Allergies)* _____ **Postal Code:** _____

Email: _____

Parent Email: _____
Parent's email is mandatory. These emails will be added to the TFHC list.

School & Grade: _____

Emergency Contact (Name & Phone #): _____

YOUTH *(CURRENTLY IN GRADE 6 TO GRADE 12)* PROGRAM FEE FOR THE LATE SUMMER FALL PERIOD:

LEVEL 2 & 3	**LEVEL 1**	**OTHER ($_____)**
❑ Girl ($275)	❑ Girl ($250)	❑Girl
		❑Boy

TERMS & CONDITIONS

The Program Fee covers the period August 1 to October 31 (the "Season").
Terms & Conditions:

1. Fees are to be paid in full by 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 club 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 31st, 2026.
4. Special arrangements for delayed payment or payment by installment is available by written request to secretary@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 am the parent/guardian of _____, date of birth _____.

I hereby agree to the Terms and Conditions as stated above. I accept that the decision of the Toronto Field Hockey Club ("TFHC") accepting or canceling registration in its programs is final. I give consent for the above-named child to participate in the TFHC's field hockey programs for the period August 1st, 2026, until October 31, 2026, and accept that TFHC, including its officers, coaches, officials, organizers and administrators, 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 the participation of the above named child. I agree to allow my above-named child's photographic image to be on social media of the TFHC including on its website but the image cannot be tagged for use via social media.

_____ _____
Parent/Guardian (print name) Parent/Guardian Signature

_____ _____
Date Club Executive Signature

TO COMPLETE REGISTRATION:

1. Send an email to development@torontofield.com to confirm your interest in registering in a TFHC program.
2. Please fill in the form in its entirety.
3. Mail the form to the address below or the form can be scanned and sent by email to secretary@torontofield.com.
4. Payment is done via the Internet using INTERAC Email Money Transfer or by cash ONLY. Please send your fee amount to FEES@TORONTOFIELD.COM. WE ARE NO LONGER TAKING PAYMENT BY CHEQUE.