



## Winter 3-Night Indoor Field Hockey Clinic Registration

### 2 Easy steps to register:

- 1 Fill out this form completely
- 2 Mail this form along with full payment to JunglePlex no later than one week prior to the start of the clinic

#### PARTICIPANT INFORMATION:

CHILD'S NAME: \_\_\_\_\_

AGE (at start of the clinic): \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

ANY MEDICAL ISSUES/CONCERNS WE SHOULD BE AWARE OF? \_\_\_\_\_

\_\_\_\_\_

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