

**ANNE ARUNDEL COUNTY  
DEPARTMENT OF RECREATION AND PARKS**

*Organized Recreation & Athletics Division*

**SUMMER FIELD HOCKEY REGISTRATION FORM**

Mail completed form to: A.A. County Recreation & Parks, 1 Harry S Truman Parkway, MS 3225, Annapolis, MD 21401

Season: Summer

Program Year: 2008

Sport: Women's Field Hockey

Program Number: 5000

**PARTICIPANT INFORMATION**

Participant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**POSITION INFORMATION:**

Captain: \_\_\_\_\_ Yes \_\_\_\_\_ No

Goalie: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position (s): \_\_\_\_\_

Skill Level: \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

**TEAM INFORMATION:** If you request to play for a particular team or with a particular person please indicate this below. If no indication you will be placed on the 1st available team.

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**OFFICE USE ONLY**

FEE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ RECPT #: \_\_\_\_\_