

First Annual Mihalko Field Hockey Showdown At Utica College

Individual Application

Player Name _____

Team Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____ Age _____

School _____

Current Grade _____

Application Deadline, May 30th, 2009

Parent Permission

I grant permission for my child to attend the 1st Annual Mihalko Field Hockey Showdown located at Utica College. I certify that my child is physically able to participate and that I will assume responsibility for all medical costs.

Parent Name (print) _____

Signature _____

Emergency Contact _____

Emergency Phone _____

Insurance Carrier _____

Policy Number _____