



**S.T.H.C.
RELEASING
CHILDREN FORM**
SPEAK OUT! It's more than just a game.

Tiger Team: _____

Players Name: _____

Players Address: _____

Players Phone #: _____

Health Concerns (chronic conditions, allergies, etc.)

Name of Players Parents/Guardians:

Address (if different from players)

Mother: _____

Father: _____

Guardian: _____

Phone Numbers:

Mother:

Home: () _____ Business: () _____ Cell: () _____

Father:

Home: () _____ Business: () _____ Cell: () _____

Guardian:

Home: () _____ Business: () _____ Cell: () _____

Continues on back.....

**NAMES OF INDIVIDUALS THAT ARE ALLOWED TO PICK UP
THIS PLAYER FROM STREESTSVILLE TIGERS HOCKEY CLUB
ACTIVITIES:**

Name: _____

Relationship to Player: _____

Name: _____

Relationship to Player: _____

Name: _____

Relationship to Player: _____

Alternate person(s) to contact in case of an emergency:

Name: _____

Address: _____ **Phone:** (____) _____

Relationship to Player: _____

Name: _____

Address: _____ **Phone:** (____) _____

Relationship to Player: _____

Parent(s)/ Guardian

Signature: _____ **Date:** _____