



Lacrosse Leagues
 After School Sports
 Field Hockey Teams
 Indoor Soccer Leagues
 Futsal Leagues
 Basketball Leagues
 Birthday Parties
 Adult Dodgeball League
 Monday Night Adult
 Co-ed Sports



South Shore Fieldhouse
 340 Oak Street
 Pembroke, MA

South Shore's Largest
 Indoor Playing Field



The SSFH Kids Club
 teaches children ages 3-6
 the "FUN"damentals of
 teamwork and the fun
 in sports.

Our next Session begins
 October 26th

7 weeks \$110.00

Registration Form:

Child's name : _____ Birth date : _____

Parents name : _____ Phone : _____

Address : _____

EMAIL address : _____

Would you like to be notified about facility events and other programs ? yes ____ no thanks ____

Insurance carrier _____ policy # _____

Please refer to schedule of classes to choose your first and second choice class :

First choice : Day : _____ Time : _____

Second choice : Day : _____ Time : _____

Parent signature : _____

Class fee \$110.00 Please enclose a check. Credit card (M/C or Visa) information received on site only at time of registration before first class.

As the parent or legal guardian of the above named registrant in a Fieldhouse program I hereby give my son or daughter permission to participate. I have read this application and the program rules and regulations and I accept them. I understand that my child will be participating in a contact sport in which injury and even serious injury could occur. I assume all risks and hazards incidental to my child's participation in this program. I release the South Shore Fieldhouse and it's staff from all liability associated with my child's participation. I understand that my registration is non refundable and non transferable to another session or participant, except as specifically allowed by the South Shore Fieldhouse. I grant South Shore Fieldhouse permission to seek emergency medical care for my child. I certify that my child is in good health and fully able to participate in this activity. I certify that the insurance information provided is correct and current and agree to assume all responsibility for medical expenses occurred.