



JUNIOR HOCKEY CLUB REGISTRATION FORM

Season	
Players Name	
Address	
Date of Birth	
School	
Class / Year	
Parent's Contact Number/s	

Medical Information: _____

I _____ agree to abide by the rule of the club and the **Player Code of Conduct**, which has been made available to me.

Players Signature: _____ **Date:** _____

Parent / Guardian Acknowledgement

I _____ consent to the above player participating in Hockey activities in line with the Code of Ethics for Hockey for Young People and give parental consent for him/her to participate in and travel to all activities. I agree to the **Parent/Guardian Code of Conduct** and **Player Code of Conduct**, which have been made available to me.

Parent/Guardian Contact number for Fixtures: _____

Parent/Guardian Email Address: _____

I consent to the use of the above player's photo in the press and/or on our website and social media.

Yes No

I consent to the use of the above player's data for legal reasons associated with the running of the club and the provision of club services.

Yes No

Parent Signature: _____ **Date:** _____