

HILLHEAD JUNIOR HOCKEY CLUB

REGISTRATION FORM

Name: _____

Address: _____

Contact telephones: _____ (home)

_____ (mobile)

Email: _____

Age in years on 01/01/10: ____ years

The above information will be used solely within the organisation of Hillhead Junior Hockey Club to allow us to set up a database, which will be used to communicate to our membership where necessary. This information will be treated with the utmost confidentiality.

Do you have any objection to photographs of your child being published on our club website?

Yes/No

ANNUAL FEES

Fees for this season are £15. This £15 will allow the club to register with the national governing body, the SHU, and the West District, allowing your child to participate in district and national competition, freely and safely.

METHOD OF PAYMENT: Cash _____ Cheque _____

(Cheques payable to '**Hillhead Junior Hockey Club**')

HJHC - Team Events

Name: _____

Emergency Contact

Name: _____

Telephone nos: _____

Please give a brief description of any Medical Problem your child has:

Condition: _____

Treatment: _____

Has your child had a Tetanus injection in the past 5 years?

Yes/No Date: _____

If your child has any allergies, please give details: _____

Medical/Dental Authorisation:

I,, being the parent/guardian of the above named hereby authorise the HJHC convenor, or his/her representative, to administer appropriate first aid treatment in the case of accident or medical/dental emergency. I further authorise said person, or his representative, to arrange emergency medical/dental treatment and I agree to my son/daughter receiving emergency medical/dental treatment, including anaesthetic or blood transfusion as considered necessary by the medical authorities present.

Signature of Parent/Guardian: **Date:**