



KINGS LANGLEY HOCKEY CLUB

Est. 2008

Beginner Hockey Registration Form 2012

Player Details

Name: _____ DOB: _____ Gender: M F Programme: U7 U9

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Venue: Tuesday afternoons at Cavanagh Reserve Wednesday afternoons at The Ponds Reserve

Address: _____

Home Phone: _____ School: _____

Any health issues of which you think KLHC should be aware? _____

Parent /Guardian Details

Name: _____ Phone: _____

Email: _____

Would you be able to help with your child's hockey program? Yes / No (circle)

Acknowledgment

By completing and returning this form, you as the parent/guardian responsible for the above named child(ren) accept that this form enrolls them into a 2012 U7 or U9 Hockey Program.

You understand that your child(ren) must wear a mouthguard and shin pads while participating in the program and that if they behave in a manner that is disruptive and or dangerous that they may not be allowed to participate.

Should an accident or injury occur you authorise Kings Langley Hockey Club to seek medical assistance on behalf of your child and undertake to pay all costs incurred while your child is under medical care.

Name: _____

Signed: _____ Date: __/__/____

Permission - Photos

I give permission for photos of my child/ren to be taken by Kings Langley Hockey Club Yes No

I give permission for my child's name to be printed alongside the photo Yes No

I am aware that these photos may be used by the club in news articles and other promotional material including use on websites, newsletters and flyers.

Name: _____

Signed: _____ Date: __/__/____

2012 fees: \$55.00 / child

Payment can be made by Direct Deposit to: Kings Langley Hockey Club Account No. 06 2093 10061092

Cheques should be made payable to: Kings Langley Hockey Club

Cheques and completed forms can be posted to:

The Secretary, Kings Langley Hockey Club PO Box 719 Kings Langley NSW 2147

All children need to supply their own mouthguard. U9s will also need to supply their own stick and shin pads.

NB: A maximum of 18 children will be accepted into each 2012 U7 and U9 Hockey program.

Club Use:

Fee paid _____ D.D. / Cheque / Cash Receipt no. _____ Date ____/____/____