

Junior Player - Registration 2010

Player Details

Surname: _____ Given Name: _____
 Date of Birth: ____/____/____ Gender: Male Female
 Address: _____
 Suburb: _____ State: _____ Post Code: _____
 Home Phone: _____ School: _____
 Hockey Experience: _____

Parent /Guardian Details

Mother's Name: _____
 Mobile Phone: _____
 Father's Name: _____
 Mobile Phone: _____
 Email: _____
 Do you have a current first aid certificate? Yes No

Parent Assistance – Please indicate how you can help.

Coach Assistant Coach Umpire
 Team Manager Results Newsletter
 Fundraising Sponsorship
 Equipment Social Events
 Other _____

Acknowledgment

I consent to my child playing hockey for the Kings Langley Hockey Club.

I understand that for all games and training field players must wear a mouth guard and shin pads. Goalkeepers must be fully padded and wear a suitable helmet. As a parent it is my responsibility to help in this regard. I further understand that my child plays at his/her own risk and agree that I will not hold the Kings Langley Hockey Club or any of its members responsible for any accidents or injuries caused while involved in club activities.

I acknowledge that I have read the above and accept responsibility for my child's safety protection and indemnify the club against any injury or claim.

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:** ____/____/____

Permission – Contact Details

I understand that Kings Langley Hockey Club will distribute personal details to HNSW, SJHA and KLHC committee members, team coaches and managers as deemed necessary by the committee for the effective management of the club.

I give permission for phone and email contact details to be distributed within my child's team Yes No

Name: _____
Signed: _____ **Date:** ____/____/____

2010 - Option 1: U9's \$100.00 + \$5.00 p/wk **U11's** \$130.00 + \$5.00 p/wk **U13's & U15's** \$130.00 + \$6.00 p/wk
Fees Option 2: U9's \$155.00 with no weekly fees **U11's** \$185.00 with no weekly fees **U13's & U15's** \$200.00 with no weekly fees
 2nd and subsequent children receive a \$10.00 discount

Cheques should be made payable to: Kings Langley Hockey Club Incorporated

Please complete **Registration Form, Medical Form** and **Code of Conduct and Commitment Statement** and forward with payment to: *The Secretary, Kings Langley Hockey Club : PO Box 719, Kings Langley NSW 2147*

Club Use Only:

Team _____ Fee paid \$ _____ Cheque / Cash Receipt no. _____ Date ____/____/____

Forms completed & signed: Registration Medical Conduct and Commitment Birth Certificate Sighted