

Registration Form - Inter Regionals 2014

Please complete the form in capital letters and bring to session 1 along with your club registration card

Age group U11's U13's U15's *Tick correct age category*

Surname

Forename (s)

Date of Birth

Home Address
inc postcode

Email Address

Hockey Club

Position played Outfield / Goalkeeper *(Delete as appropriate)*

Name of Parent/Guardian

Home Phone

Mobile Number

Does player suffer from any allergies, i.e. Asthma, Epilepsy, Migrains, Dibetes? **Yes/No**

Any other health issues we should be aware of ?

Signature of parent / guardian

Dated

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Keith Allen
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