SHARKS HOCKEY CLUB

2010 JUNIOR & SENIOR REGISTRATION FORM

Thank you for choosing to play with the Sharks Hockey Club! Please complete the following details to allow us to register you as a player with our club. *Please return the completed form to either: The Secretary, Sharks Hockey Club, 1/51 Caronia Ave, Cronulla NSW 2230 or* hockeysharks@gmail.com as soon as possible *or* bring this form along to the registration day 4.00pm-6.00pm, 6th February, Jenola Park, Cnr Gannons Rd and Kingsway, Caringbah.

First name:			
Surname:			
Address:			
Suburb:		Postcode:	
Date of Birth:			
Phone – home:		Phone - mobile	
Phone - work			
Email address:			
Preferred grade & experience:			
Preferred position/s:			
Shirt Required? Yes/No	If yes, shirt size required:	If no, current shirt number:	
Emergency Contact:		Relationship:	
Phone: home		Phone: mobile	
For Junior Players (under 18)			
School:			
Grade/Year:			
By returning this completed form, I agree to my child in my care taking part in the activities of the club. I understand that I will be kept informed of these activities – for example: timing, training, costs. I understand in the event of injury or illness, all reasonable steps will be taken to contact me, and to deal with that injury or illness appropriately.			
Name of Parent/Carer:		Date:	
Signature of Parent/Carer:			

Photo Release (to be completed by both Senior and Junior Players)

I hereby give permission for photos of myself / my child to be placed on the Sharks Hockey website.			
Name of Player:		Date:	
Signature of Player/Parent/Carer:			

For all players (and relatives): Please note your interest and experience in holding any of these following positions (please tick):

Coaching		**Managing:**		**Umpiring:**	
Grade:		**Grade:**		**Grade:**	

Payment: **Tick as appropriate**
Cheque attached ☐
Direct Deposit ☐ (please indicate date deposited) _____
Bank: St George Bank BSB: 112-879 Account No: 056423900
(Please use your surname as a reference)