



JUNIOR REGISTRATION FORM –NORAH HEAD HOCKEY 2010

PLAYERS NAME \_\_\_\_\_ M/F Date of Birth \_\_\_/\_\_\_/\_\_\_

AGE AT 1/1/2010 \_\_\_\_\_ [JUNIORS]

PARENTS NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

TEAM [S] IN 2009 \_\_\_\_\_

PREFERRED TEAM[S] 2010 \_\_\_\_\_ COST \_\_\_\_\_ (U9's \$110 U11's-U15's \$180)

CLEARANCE DETAILS [if you played with another club in last 3 years] \_\_\_\_\_

**As a member of Norah Head Panthers Hockey Club, I agree to honour my financial commitment to the Club, and abide by the NSW Association's Code of Conduct.**

Signed \_\_\_\_\_ date \_\_\_\_\_

.....  
Junior players require the following;

MEDICAL DETAILS \_\_\_\_\_

MEDICARE NUMBER \_\_\_\_\_

I, \_\_\_\_\_ [parent,guardian] give permission, in my absence, for a club representative to arrange treatment for my child/ward should it be required whilst he/she is participating in any activity organized by Norah Head Hockey Club in the 2010 Hockey season.

Signed \_\_\_\_\_ date \_\_\_\_\_  
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**Club Details**

Website: [www.norahheadpanthers.org.au](http://www.norahheadpanthers.org.au)

Norah Head Hockey Club, PO Box 4130, Lakehaven, 2263

Bank Details BSB: 082 677 A/C # 025149899

Junior Secretary. Peter Moore M: 0421208899 E: moorerefrigeration@hotmail.com