

REGISTRATION –NORAH HEAD HOCKEY 2010

NAME _____ M/F Date of Birth ___/___/_____

AGE AT1/1/2010 _____ [JUNIORS]

E-MAIL _____

ADDRESS _____

HOME PHONE _____ MOBILE _____

TEAM [S] IN 2009 _____

PREFERRED TEAM[S] 2009 _____ COST _____

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 _____



UNIFORM ORDER

Shorts \$16; Socks \$8;Jacket \$50;Shirt \$40

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

Merrilyn Rowley, Secretary ph43924886/0430376543