

**FALCONS HOCKEY CLUB INC
MEMBER REGISTRATION
2010**

NAME : _____

DOB: _____

ADDRESS: _____

GENDER: Male Female

Phone

HOME: _____

FALCONS SHIRT NUMBER _____

MOBILE: _____

EMAIL: _____

Please ensure that email address is current. Newsletters and other communication will be sent via email where possible.

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

GRADE: (Circle) SENIOR JUNIOR VETS SOCIAL

AVAILABLE TO UMPIRE: (Circle) YES NO

MEDICAL INFORMATION

ASTHMA: YES NO ANAPHYLAXIS: YES NO

ALLERGIES: YES NO PLEASE STATE ALLERGIES: _____

PLEASE GIVE DETAILS OF TREATMENT PLAN: _____

PLEASE SIGN CODE OF CONDUCT AND PERMISSION FOR USE OF PHOTOS AND NAMES

I HAVE READ AND AGREE TO ABIDE BY THE FALCONS HOCKEY CLUB INC CODE OF CONDUCT

Circle appropriate wording:

I GIVE / DO NOT GIVE PERMISSION FOR MY / MY CHILD'S NAME AND PHOTO TO BE PUBLISHED ON THE FALCONS HOCKEY CLUB WEBSITE.

SIGNATURE _____

DATE _____

PARENT SIGNATURE IF UNDER 18: _____

COMMITTEE USE ONLY

FEES: \$ _____

DATE PAID

RECEIPT NO

COMMITTEE MEMBER SIGNATURE : _____