

**FALCONS HOCKEY CLUB INC**  
**MEMBER REGISTRATION**  
**2012**

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

PAID BY (circle):    CASH / CHQ / ONLINE

COMMITTEE MEMBER SIGNATURE : \_\_\_\_\_