

Weston Hockey Club

Colts And Fillies

Registration Form

Name of Child:

Age of child at **1st Sep 2010**: _____ D.O.B.

Gender: Boy _____ Girl _____ (Please tick)

Name of Parent/

Guardian:

Address:

Telephone: _____ Mobile: _____ Email:

Doctors Name and Telephone:

Does your child suffer from any medical conditions? Yes____ No ____ (please tick if applicable)

If yes, what?

It is the duty of all members of Weston Hockey Club (and the parents of members aged less than 18 years) to familiarise themselves with all of the Code of Ethics of Weston Hockey Club and in particular to uphold a code of good practice within the club at all times.

Signed:

Weston Hockey Club's Code of Ethics is in line with

"The Code of Ethics and Good Practice for Children's Sport in Ireland"(www.irishsportsCouncil.ie)

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Declaration

We _____ consent for our child/children
_____ and _____ to be coached in hockey by Weston
Hockey Club and we hereby acknowledge the fact that in the event of any injury/accident occurring
involving our child/children that no remedy will lie with Weston Hockey Club in respect of
compensation.

I understand that photographs will be taken during or at hockey related events and may be used in the
promotion of Weston Hockey Club Junior Section.

I confirm that I will assist for 1 hour during the 2010-2011 season for a hockey related event for
Weston Hockey Club Junior Section.

Signed: _____ Date:
