

THE ENGLAND ICE HOCKEY ASSOCIATION LTD

MASTER REGISTRATION FORM

PLAYER'S UNDER THE AGE OF 18 YEARS

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ALL BOXES MUST BE FILLED IN USING BLACK INK - PLEASE USE BLOCK CAPITALS

NATIONALITY: IMPORTANT

COUNTRY OF BIRTH: IMPORTANT

LAST CLUB: IMPORTANT

COUNTRY LAST PLAYED IN - IMPORTANT

Family Name:

Forename(s):

Date of birth:

Sex:

Address:

Tel No:

Email:

I hereby consent for my child to be registered as a player with the English Ice Hockey Association Ltd and this consent applies to any new club in the future. I undertake that he/she will observe the Rules, Regulations and Bylaws of the EIHA, IHUK and the IIHF and affiliated bodies and to observe the codes of conduct with whichever club he/she may be registered with.

I understand that the information on this form will be held on a data base/computer and is subject to the Data Protection (amendment) Act 2003. Information about my child may be added to a list so that I can be advised by mail about special offers and promotions available as a member of the EIHA, and about products available from the EIHA and other organisations approved by the EIHA unless I write to the Secretary of the EIHA or there is a mark in the box.

Signature of player's parent/guardian Date:

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Signature of club official Club: