

Lee Valley Lions Junior Ice Hockey Club



New Player Registration Pack U9 - U18

2019/2020

1. Lee Valley Junior Ice Hockey Club Membership form
2. EIHA Master Registration Form
3. Lee Valley Junior Ice Hockey Club Medical Consent Form
4. Lee Valley Junior Ice Hockey Club General Agreement
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6. Lee Valley Junior Ice Hockey Club Shirt Order Form (only needed for team players)



Lee Valley Lions Junior Ice Hockey Club Membership Form

All members of the Lee Valley Junior Ice Hockey Club are required to complete this Membership Form and return it with payment for the first term to the club registration secretary. All details will be kept in a secure confidential database with access restricted to authorised club officials only.

PLAYER	
First Name:	
Surname:	
Date of Birth:	
Gender:	
Primary Parent / Guardian Contact Details	
Name:	
Mobile:	
E-Mail:	
2 nd Parent / Guardian Contact Details	
Name:	
Mobile:	
E-Mail:	
Address	
House No / Name:	
Street:	
Town:	
County:	
Post Code:	

THE ENGLISH ICE HOCKEY ASSOCIATION LTD

MASTER REGISTRATION FORM **2019/2020**

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:

Please indicate if dual national:

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 future club player may transfers to. 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 computer and is subject to the Data Protection Act. Information about my child may be added to a list so that my child can be contacted by the EIHA.

Signature of player's parent/guardian Date:

Signature of club official CLUB:

FULL NAME OF CLUB REQUIRED (No initials)



Lee Valley Lions Junior Ice Hockey Club

Medical Consent Form

To be completed by: Parent / Guardian of all U9 – U18 players

Player First Name		Player Surname	
Date of Birth	/ /	Hockey Age Group (circle)	U9 U11 U13 U15 U18
Doctors Name and Surgery		Doctors Phone No	
Emergency Contact Details	Name _____ Relationship to child: _____ Telephone _____		
Give details of any medical condition. (e.g Asthma, epilepsy etc) If none mark N/A		Give details of any allergies. If none mark N/A	
Do you take any medication? If none mark N/A		Have you had any head or neck injuries in past 2yrs? If none mark N/A	
Are you up to date with your tetanus injection?	Yes / No Date: _____	Any other information the coaches should be aware of?	

I agree to my son / daughter participating in sporting and other recreational activities organised by the Lee Valley Lions Junior Ice Hockey Club during their time as members of the club.

I authorise an official from Lee Valley Lions Junior Ice Hockey Club to agree to emergency treatment of any injury or illness of my child if qualified medical personnel consider treatment necessary and perform treatment. This authorisation is granted only if I cannot be reached and a reasonable effort has been made to do so. (this is a necessary precaution . If you do not accompany your child to training or games, treatment may be delayed without parental consent)

My child and I are aware that participating in ice hockey is a potentially dangerous sport. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

I understand this consent form and agree to its conditions on behalf of my child.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____



General Agreement

Player First Name		Player Surname	
Date of Birth	/ /	Hockey Age Group (circle)	U9 / U11 / U13 / U15 / U18
Primary Parent / Guardian	Name _____ Telephone _____ Email _____		

On behalf of the above named child I/we apply for membership to Lee Valley Junior Ice Hockey Club and the English Ice Hockey Association. In doing so I confirm that I/we have read, fully understand and agree to the policies listed below:

Club Policies	Parent /Player Signature of Agreement
Policy 1 Player Code of Conduct	PLAYER Signature
Policy 2 Parent/Guardian Code of Conduct	PARENT Signature
Policy 3 Changing room / Mobile Phone Policy	PARENT Signature PLAYER Signature
Policy 4 Child Protection Policy	PARENT Signature
Policy 5 Equality & Diversity Policy	PARENT Signature
Policy 6 ICT Policy	PARENT Signature PLAYER Signature

Date: _____



Photography & Filming Consent Form

From time to time we have photographers asking to take photos of and/or film our junior teams during training and while playing matches.

These pictures/films may be for local/national papers or TV, reproduced in fliers, adverts and brochures or placed on our website/face book page to promote our club and the game of ice hockey.

In accordance with our child protection policy we will not permit photographs/films or other images of our young people to be taken without the consent of the parents/guardians and the child.

We therefore ask for the parents/guardians permission to use pictures of their child to help promote our club and ice hockey.

I hereby give permission for photos/film of my child to be used for publicity purposes to help promote Lee Valley Junior Ice Hockey Club and the game of Ice Hockey in any media format deemed suitable and appropriate by the clubs committee. I also agree for team photos that include my child to be placed on the club notice board, club website and/or walls at the rink to help promote Lee Valley Junior Ice Hockey Club and Ice Hockey at Lee Valley Ice Center.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____



Shirt & Socks Order Form

Please complete form and submit to your team manager. Orders can only be placed once payment has been received.

If you do not already have a number assigned, please speak to your team manager to be assigned a number.

PLAYER		
First Name:		
Age Group:	U9 U11 U13 U15 U18	
Shirt Details		
White Shirt – Home:	Quantity:	
Blue Shirt – Away:	Quantity:	
Name on shirt: (always surname)		
Number on Shirt:		
Shirt Size:		
Socks Details		
Blue Socks Size:		
Payment (Shirts £60 and Socks £7.50)		
Total Payable:	£.....	
Payment Method (please tick method used)	<input type="checkbox"/> Paid via Bacs* Account: 5114-4405 Sort Code: 40-06-27	

*When paying by BACS please use ref SURNAME KIT e.g. SMITH KIT

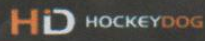
Version 2. 13.06.2019 PDU

Sock Sizes (all sizes are in length – from ankle to mid-thigh)

- Small - Youth – (50-55cm)**
- Medium – Junior – (60-65cm)**
- Large – Senior – (75-80cm)**

Lee Valley

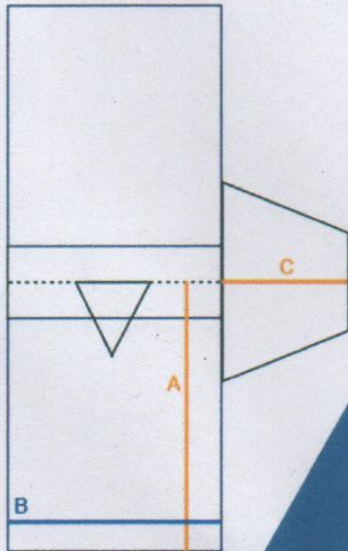
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WWW.HOCKEYDOG.CO.UK

HD HOCKEYDOG

Jersey Size Chart



A = Height
B = Width
C = Sleeve Length

HD HOCKEYDOG	A	B	C
120	62	48	44
130	65	52	45
XXS (140)	67	54	45
XS	71	58	46
S	75	62	48
M	79	66	51
L	83	70	57
XL	87	74	57
XXL	92	79	58
XXXL	97	84	59

*CM