

## Lee Valley Lions Junior Ice Hockey Club

### General Agreement

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

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

Club Policies	Parent / Player Signature of Agreement
Policy 1 Player Code of Conduct	<b>Player</b> Signature:
Policy 2 Parent / Guardian Code of Conduct	<b>Parent</b> Signature:
Policy 3 Changing room / Mobile Phone Policy	<b>Parent</b> Signature:  <b>Player</b> Signature:
Policy 4 Child Protection Policy	<b>Parent</b> Signature:
Policy 5 Equality and Diversity Policy	<b>Parent</b> Signature:
Policy 6 ICT Policy	<b>Parent</b> Signature:  <b>Player</b> Signature:

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

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_