

# NEWCASTLE TIGERS HOCKEY CLUB



## JUNIOR REGISTRATION FORM

PLAYER NAME: \_\_\_\_\_ Male / Female

HOME ADDRESS : \_\_\_\_\_  
\_\_\_\_\_

D.O.B.: \_\_\_\_\_ AGE AS AT 1<sup>ST</sup> JANUARY: \_\_\_\_\_

### CONTACT DETAILS

HOME PHONE: \_\_\_\_\_

EMAIL \_\_\_\_\_

MOTHERS/GUARDIAN NAME: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

FATHERS/GUARDIAN NAME: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

### HOCKEY DETAILS

HAVE YOU PLAYED HOCKEY? YES ☐ NO ☐

IF YES WITH WHAT CLUB (IF NOT TIGERS): \_\_\_\_\_

WHAT YEAR DID YOU LAST PLAY: \_\_\_\_\_

WHAT GRADE/LEVEL DID YOU PLAY: \_\_\_\_\_

ANY ADDITIONAL INFO / MEDICAL INFORMATION YOU WOULD LIKE US TO KNOW OR CONSIDER PLEASE  
DETAIL HERE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PHOTOGRAPHS

I give permission for my child's photograph to be taken and used for promotional purposes on the club's website. ☐ Yes ☐ No

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

Please note this is for registration purposes only and all information is kept confidential.