



MEMBER REGISTRATION FORM
2017/2018 SEASON

Please print clearly and complete every section

New Member [ ] Existing Member [ ]
Registration No.....N/A

Surname: ..... Forenames: .....
Address: ..... Post Code: .....
Tel No: ..... Mobile: ..... Date of Birth: \_ / \_ / \_
Email address: ..... Application Date .....
Medical Conditions or Allergies: .....
(This must be completed, even if is just to enter "None Known", it cannot be left blank)

Please tick all relevant boxes

Registering as: Player [ ]
Official [ ]
Manager [ ]
Coach [ ] Level 1 [ ] Level 2 [ ] Associate [ ]
CRB registration no. .... (if known)

Players must register for a team in their own age group before any other.

Age Group: 10U [ ] 12U [ ] 14U [ ] 16U [ ] 18U [ ] 21U [ ] Senior [ ] Vets [ ] Women [ ]

Please make sure club, team and region are filled in.

Club name: .....
Team name: .....
Home Region: ..... This is the Region you will represent at Nationals
Other UK Inline Region you intend to play in.....

I hereby consent to be registered as a member by the of UK Inline and undertake to observe the rules, regulations and bye-laws of UK Inline Hockey and its affiliated bodies and to observe the Codes of Conduct.
I understand that the information on this form will be held on computer and is subject to the Data Protection Act 1998. Information about me may be added to a list so that I can be advised by mail about special offers and promotions available to me as a member of UK Inline Hockey and other organisations approved by UK Inline Hockey, unless I write to the secretary of UK Inline Hockey or there is a marking in this box. [ ]

Signature of Applicant/Parent..... Date: .....
(if over 16 years of age Member and if under 16 years of age Parent/Guardian)

THIS FORM SHOULD BE COMPLETED AND SENT WITH THE REGISTRATION FEE TO:-

Registration Secretary, NW Hockey, c/o 151 Platt Street, Padfield, Glossop SK13 1EJ

Office Use Only: 2016/17 Registration No. Date Issued: