



Flyers Ice Hockey Club

V1.0 FIHC

Member Registration Form – 2009/2010 Season

* One form per player

Member Information

Surname: _____

Date of Birth

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DD MM YY

First Name(s): _____

Gender: Male Female

Nationality: _____

Parent/Guardian *Required if player is under 18 years of age*

Surname: _____

First Name(s): _____

Contact Details

Address: _____

City: _____

County: _____

Postcode: _____

Country: _____

E-Mail: _____

Telephone: _____

Emergency Contact Details *Collected for club information only*

Name: _____

Contact Number: _____

Registration Details *Select corresponding membership type*

€50 Senior (16 years and older)

€50 Senior Student \ Unemployed

€50 Junior (Under 16 years old)

Declaration

I acknowledge that I am aware of the physically demanding nature of the sport of Ice Hockey. I agree to release and discharge the Flyers Ice Hockey Club, its representatives, members and officials from all liability arising from their actions or omissions, which may result in any damage, loss or injury being sustained by the aforementioned player, during any competition sanctioned or organised by the Flyers Ice Hockey Club.

I declare that the particulars given on this form are correct. I hereby consent to be registered as a member of the Flyers Ice Hockey Club. I agree and undertake to abide by, adhere to and observe the rules and regulations of the club as prescribed in its constitution, bye laws, disciplinary code and code of conduct.

Parental Signature: _____

Date:

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DD MM YY

Member Signature: _____

Date:

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DD MM YY