DD

MM

Flying Ducks Ice Hockey Club

Member Signature:

Member Registration Form – 2019/2020 Season

Member Information		* One fo	rm pe	er player
Surname:	Date of Birth			
First Name(s):		DD MM	1 1	Υ
Jersey #				
Nationality		ale —	Fe ⁻∟	male
Country of Birth		L		
Parent/Guardian Required if player is under 18				
Surname:	First Name(s):			
Contact Details (please print clearly)				
Address:				
City:	County:			
Postcode:	Country:			
E-MailCollected f	Telephone: for club information only			
	•			
Emergency Contact Details				
Name:	Contact Number:			
Name:	Contact Number:			
Registration Details Select corresponding	ng membership type			
Senior (18 years and older)				
Junior (Under 18 years old)				
NP				
Declaration				
Ice Hockey Club, its representatives, members and officials or injury being sustained by the aforementioned player, dur	nature of the sport of Ice & Inline Hockey. I agree to release and from all liability arising from their actions or omissions, which maying any competition sanctioned or organised by the Flying Ducks I hereby consent to be registered as a member of the Flying Duck	y result in a Ice Hockey	ny da Club.	amage, los
	he rules and regulations of the club as prescribed in its constitution			
Parental Signature:	Date:	1		
(if under 18)				
		DD	MM	YY
Member Signature	Date:			