

THE ENGLISH ICE HOCKEY ASSOCIATION LTD

MASTER REGISTRATION FORM

PLAYER'S UNDER THE AGE OF 18 YEARS

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ALL BOXES MUST BE FILLED IN USING BLACK INK – PLEASE USE BLOCK CAPITALS

NATIONALITY: IMPORTANT:

Please indicate if dual national:

COUNTRY OF BIRTH: IMPORTANT

LAST CLUB: IMPORTANT

COUNTRY LAST PLAYED IN – IMPORTANT

Family Name:

Forename(s):

Date of birth:

Sex:

Address:

Tel No:

Email:

I hereby consent for my child to be registered as a player with the English Ice Hockey Association Ltd and this consent applies to any future club player may transfers to. I undertake that he/she will observe the Rules, Regulations and Bylaws of the EIHA, IHUK and the IIHF and affiliated bodies and to observe the codes of conduct with whichever club he/she may be registered with.

I understand that the information on this form will be held on a data base/computer and is subject to the Data Protection Act. Information about my child may be added to a list so that I can be advised by mail.

Signature of player's parent/guardian ..... Date: .....

Signature of club official ..... CLUB: .....