

## UJ JUNIOR HOCKEY CLUB REGISTRATION FORM 2016

CLIDALARE		<b>T</b> /	0.3143.55		
SURNAME		FATHER			
		MOTHER	R'S NAME		
RESIDENTIAL ADDR	ESS				
FATHER'S TELEPHO	NF NIIMRERS		MOTHER'S	TELEPHONE NUMBERS	
CELL	IL IUIIDEKS		CELL	TELETHONE NUMBERS	
EMAIL			EMAIL		
ONE CELL NO FOR	SMS COMMUNICAT	ION			
ONE EMAIL ADDRI	ESS				
PLEASE PRIN	T YOUR EMAIL ADD	RESS CLEARL	Y AS IT IS U	ISED FOR ALL COMMUNIC	ATION
ANNUAL SUBSCRIPT	IONS:				
JUNIOR HOCKEY					
UNDER 14 / 17 SUBS				SAHA AND SOUTHERNS AF	
				LED BEFORE THE 30TH OF	MARCH 2016
SECOND CHILD PAYS 7				ANY MORE FREE!	
	O. THIRD CHILD R 650-00				
	OUNTED FOR MORE THA	AN ONE CHILD,	NOT KIT.		
CLUB KIT IS NOT INCL PLAYING SHIRT R190-0		100 50	OCKS R45-00		
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PLAYERS DETAILS:					
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FIRST NAME	DATE OF BIRTH				
	DATE OF BIRTH	TOTAL			
MEDICAL DETAILS	DATE OF BIRTH	TOTAL			
MEDICAL DETAILS DOCTOR	DATE OF BIRTH	TOTAL TEL NO.			
MEDICAL DETAILS DOCTOR MEDICAL AID	DATE OF BIRTH	TOTAL			
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MEDICAL DETAILS DOCTOR MEDICAL AID INDEMNITY I am aware that neither the UJ M	Mini and Junior Hockey Club, n	TOTAL  TEL NO.  MEDICAL  or team managers, no	AID NO.	arents doing transport duty	
MEDICAL DETAILS DOCTOR MEDICAL AID INDEMNITY I am aware that neither the UJ Nor any members accept respon	Mini and Junior Hockey Club, nosibility for any loss, injury or da	TEL NO.  MEDICAL  or team managers, no amage that the person	AID NO. or coaches, nor pa	arents doing transport duty by child/ward may sustain	
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REFERENCE NUMBER. 172955 SURNAME & INITIAL (or as much as you can get in)