



UJ JUNIOR HOCKEY CLUB

REGISTRATION FORM 2016

SURNAME		FATHER'S NAME	
		MOTHER'S NAME	
RESIDENTIAL ADDRESS			

FATHER'S TELEPHONE NUMBERS		MOTHER'S TELEPHONE NUMBERS	
CELL		CELL	
EMAIL		EMAIL	

ONE CELL NO FOR SMS COMMUNICATION	
ONE EMAIL ADDRESS	
PLEASE PRINT YOUR EMAIL ADDRESS CLEARLY AS IT IS USED FOR ALL COMMUNICATION	

ANNUAL SUBSCRIPTIONS:

JUNIOR HOCKEY		
UNDER 14 / 17 SUBS	R1300-00	SUBS PER CHILD INCLUDING SAHA AND SOUTHERNS AFFILIATION FEE
AN EARLY BIRD DISCOUNT OF 10% IS OFFERED FOR FEES SETTLED BEFORE THE 30TH OF MARCH 2016		
SECOND CHILD PAYS 75%. THIRD CHILD PAYS 50%. FOURTH CHILD 25%. ANY MORE FREE!		
SECOND CHILD R975-00. THIRD CHILD R 650-00. FOURTH CHILD R325-00.		
ONLY SUBS ARE DISCOUNTED FOR MORE THAN ONE CHILD, NOT KIT.		
CLUB KIT IS NOT INCLUDED IN THE SUBS		
PLAYING SHIRT R190-00	SHORTS R110-00	SOCKS R45-00
IF YOU HAVE CHILDREN PLAYING IN MINI AND JUNIOR HOCKEY, YOU MUST FILL IN A FORM FOR EACH SECTION		

PLAYERS DETAILS:

FIRST NAME	DATE OF BIRTH	AGE	FEES	SCHOOL
TOTAL				

MEDICAL DETAILS

DOCTOR		TEL NO.	
MEDICAL AID		MEDICAL AID NO.	

INDEMNITY

I am aware that neither the UJ Mini and Junior Hockey Club, nor team managers, nor coaches, nor parents doing transport duty nor any members accept responsibility for any loss, injury or damage that the person or property of my child/ward may sustain whilst engaged in any hockey club activity. I waive any right that my child/ward may have to claim compensation against UJ Mini and Junior Club or any other member in respect of loss, injury or damage incurred whilst engaged in any hockey club activities howsoever arising, and I indemnify them against all claims.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of my child/ward and that I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained which cannot be ascribed to negligence on the part the UJ Mini and Junior Hockey Club.

GUARDIANS NAME IN FULL	
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Signed

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 This

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 Day of

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 2016

Payment can be made in cash at the club or by EFT into the following account:

UJ Hockey

ABSA BANK

BRANCH 632005

Account no. 4055 642 621

REFERENCE NUMBER. 172955 SURNAME & INITIAL (or as much as you can get in)

Please sign the registration form and return to the club. ONLY PARENTS OR GUARDIANS CAN SIGN THIS FORM.

Email proof of payment to ujhockeyjuniors@gmail.com or Fax to mail 086 546 1757