



Junior hockey Sunday club  
registration form

Childs Name.....

Address.....

.....

Postcode.....

Female ( ) Male ( ) Date of Birth..... Age.....

School  
attended.....

Parent / Guardian  
Name.....

Telephone: Home..... mobile.....

E-mail address (please print  
.....

Does your child have any special medical conditions or any allergies?  
Does your son/daughter need any regular medication or treatment? Please give details.  
When was the last time that your son/daughter was vaccinated against Tetanus?

.....  
I am pleased to allow my child to participate in the Bramhall Hockey Club Sunday Club. I consider  
my child to be physically fit and capable of full participation, but in the event that he should be  
injured when I am not present, I give my permission for the coaches named below, to obtain  
emergency medical treatment on his/her behalf.

Senior Coaches / Ric Stewart and Kelvin Briggs

During the Club photos are occasionally taken of the children for promotional purposes this  
may include printed press and publication to the Stockport Hockey Development Group or  
Bramhall Hockey Club website . Please tick here if you DO NOT want us to use  
pictures of your child.

Signed, parent or  
guardian.....Date.....