

Corinthian Hockey Club

Founded 1934

www.chc.ie



JUNIOR HOCKEY SEASON 2011 – 2012

NAME:

ADDRESS:

DATE OF BIRTH:

NAME OF PARENT/GUARDIAN:

CONTACT NO OF PARENT/GUARDIAN:

Home:

Mobile:

Email:

SCHOOL:

CLASS IN SEPTEMBER 2011:

IF OVER 15 YRS WOULD YOU LIKE TO PLAY WITH SENIOR CLUB?: YES NO

ANY HEALTH PROBLEMS: NO YES *(If yes, please specify below)*

PLEASE NOTE THAT, FOR INSURANCE PURPOSES, IF YOUR CHILD IS NOT REGISTERED AND PAID FOR THEY ARE NOT ALLOWED TO TRAIN OR PLAY.

**Please return form to your coach asap or post to
Maria Browne 23 Grange Court, Marley Grange, Rathfarnham, Dublin 16**

In the event of an emergency, and in the unlikely event of a parent/guardian being uncontactable, We/I give consent that my child/children be brought to Accident & Emergency.

Signed: _____

My child and I have read the CHC code of conduct(available on website CHC protection policy) and agree to abide by it.

Signed: _____ Date : _____

Details concerning subs and training times will be posted on the club website www.chc.ie prior to commencement of training. Subs must be paid on the first day of training.