

Club use only
School Name:

Team Name:

Receipt No:



Kapiti Junior Hockey Club
PO Box 523
Paraparaumu

Junior Registration (yr 3 - yr 8)

Please note relevant contact and medical information will be passed on to coaches and schools.

Name:

Guardian Name:

Address:

Phone:

Mobile:

Email:

Date of Birth:

/

/

School:

School Year:

3

4

5

6

7

8

please circle

Have you played hockey before? Yes / No *please circle*

If Yes

Which Grade? Junior (yr 3/4) / Intermediate (yr 5/6) / Senior (yr 7/8) *please circle*

Which school did you play for?

Medical Needs?

Can you help with: *please circle as many as you wish*

Coaching

Managing

BBQ

Umpiring

Committee

Guardian Signature

Tick if you do not wish to receive information from Kapiti Coast Hockey Club

Fee: \$50 for first child (oldest), \$40 for each additional family player
(mini's - please use minis registration form)

Payment: Cheques - Payable to Kapiti Junior Hockey Club
Internet banking - 38-9005-0930179-02 (ref: player name)

Registration for Hockey closes 15 March 2010