

# Baulkham Hills Hockey Club - 2012 Hook into Hockey Registration Form

Please post your completed form with any payment to The Treasurer, c/- 8 Oxford Ave, Castle Hill NSW 2154 or email to [juniors.bhhc@gmail.com](mailto:juniors.bhhc@gmail.com)

<b>Parents / Guardian</b> Father's Name _____ Mobile Phone _____ Mother's Name _____ Mobile Phone _____ Street Address _____ Home Phone _____ Suburb _____ Post Code _____ Parent Email for all correspondence _____ Alt Email Address _____	<b>Player</b> First Name _____ Last Name _____ Date of Birth _____ Male / Female ____ School _____ Team from 2011 _____ Proof of Age _____ Checked By _____
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### Health Statement

Is/are there any medical condition/s, in relation to your child that Baulkham Hills Hockey Club should be aware of?

\_\_\_\_\_

\_\_\_\_\_

### Acknowledgement

I hereby agree to my child playing hockey or attending any function with the Club on the understanding that he/she does so at his/her own risk and that I will not hold The Baulkham Hills Sporting Club Limited, Baulkham Hills Hockey Club, or any of their Officials, Officers or Members responsible for injury, accident or illness sustained by him/her howsoever caused.

I acknowledge that the Club may take photographs, video or digital recordings of games and players for reproduction in varying media for advertising, promotional or entertainment purposes.

I authorise the coach or any club official or member to arrange for any medical attention that may be required including Ambulance transport, which is deemed necessary, and agree to pay all medical expenses incurred.

Parent's name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Equipment Required

Mouthguard (\$5)  Shin pads (\$10)  Kit (includes stick, ball, shin pads) - \$25

### Payment Details

Cash payment  Direct Debit BSB - **082186** A/c **811286567** (Use FAMILY NAME as Ref)  
 Cheque number \_\_\_\_\_ is attached to this registration form (payable to Baulkham Hills Hockey Club)  
 Credit Card

Name on Card \_\_\_\_\_ Card Type - Visa / MasterCard

Card Number \_\_\_\_\_ Expiry Month / Year \_\_\_\_ / \_\_\_\_

Transaction Total \$ \_\_\_\_\_ Card Holders Signature \_\_\_\_\_

<b>Office Use</b> Baulkham Hills Hockey Club Receipt No. _____ Issued by _____
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