

Wicklow Hockey Club
Application Form Junior Membership 2011-2012
One form per child

Please fill in all sections using CAPITALS. Thank you!

Child's First Name:
Surname:
Gender:.....
Age: Date of Birth:

Parent/Guardian Name:
Address:
.....
Phone:
Mobile:
Emergency Contact Number:
E-mail:

I hereby give my permission for (name child)..... to become a member of Wicklow Hockey Club (Junior Department). I have read and I agree with the Code of Conduct as presented to me. I understand that photographs will be taken during or at sport related events and may be used in the promotion of sport.

Date:
Signature:

I have listened to the Club's Code of Conduct and I will (tick both circles)
 be kind and respectful to my team
 be kind and respectful to my coach.

Child's signature:

I have enclosed membership fee €60 in full (tick circle):
 cash
 cheque

Please make cheques payable to Wicklow Hockey Club. No cash in the post.

I could help with:
 transport to matches/tournaments
 coaching/supervision
 registration/first aid
 other:

Please **return** application form **with membership fee** to:
Wicklow Hockey Club
P/O Klaas Jan de Vries
10 Church Gate
Wicklow Town, Co. Wicklow

Please note club insurance is third party only.