

Counties Manukau Hockey Assn

Rosa Birch Park, Beresford Street, Pukekohe

Phone: 09 238 3120 Fax: 09 238 1387 - Email: cmha@xtra.co.nz

www.cmha.co.nz

CMHA Representative Registration Form - U13 Boys & Girls / Yr 5 & 6 Boys / Girls

Form MUST be completed and returned to the CMHA office by Friday 24 June 2011 . All areas, are required to be filled in. If form is not completed, you will NOT be considered for selection. This Sheet MUST be Accompanied with a head shot photograph and a copy of the person Birth Certificate or Passport.

First Name Surname:

Address: _____

Date Of Birth Date: Month: Year:

Home # Work # Cellphone#

Email:

Mother / Guardian

First Name Surname

Home # Work # Cellphone#

Email:

Father/ Guardian

First Name Surname

Home # Work # Cellphone#

Email:

Age Group

Please Attach COPY: Either: Birth Certificate / Passport / Photo ID

Senior Men	Senior Ladies	U18 Men	U18 Ladies	U15 Boys	U15 Girls	U13 Boys	U13 Girls	Yr 5 & 6 Boys	Yr 5 & 6 Girls

Position/s Trying Out For: _____

Position/s Played: _____

Current Playing Level: _____

Current Fitness Level: _____

CMHA Representative Consent to Play Form

I agree to my child playing in the Counties Manukau Hockey Team for the 2011 Season

Team: _____

Date: _____

I undertake to ensure that my child will attend all practices, the Intermediate Draw games, the regional tournaments and _____ tournament and that any exemption from a practice or game will be at the team's coach. Approvals must be sought prior to the practice or game in question.

I understand that the coach may remove my child from the team if he/she misses too many practices and / or games or if there is some other good reason. All costs involved will be paid by the parent and will not be a cost to cmha.

I understand all cost involved in CMHA representative hockey and am prepared to pay all costs involved.

Signed (Parent/Caregiver) _____

Full Name of Parent/ _____

Parent/Caregiver For: _____

(Child's Name)

Date: _____

CMHA Representative Medical Form

Team:

(Please attach copies of any relevant information)

Senior Men	Senior Ladies	U18 Men	U18 Ladies	U15 Boys	U15 Girls	U13 Boys	U13 Girls	Yr 5 & 6 Boys	Yr 5 & 6 Girls

Please state any Medical Information That might be relevant:

Medication: Please record any medication that is being taken to tournament, and how and when it is to be administered:

Name and Address of Family Doctor:

Phone Number:

Consent: In the event of illness or accident, I authorise the obtaining of such medical assistance as may be required.

Community Services Card Number:

(Disclosure Optional)

Signed (Parent/Guardian/Player)

Date:
