

The English Ice Hockey Association Ltd

MASTER REGISTRATION DOCUMENT

Master Registration Number..... (official use only)

Section 1 FOREIGN BORN Player Only (Please use Capitals)

NATIONALITY

[Empty box for Nationality]

Unlimited

[Empty box for Unlimited]

Limited

[Empty box for Limited]

International Clearance No.

[Empty box for International Clearance No.]

Clearance Date

[Empty box for Clearance Date]

LT.C. No. (over 18 years)

[Empty box for LT.C. No.]

Section 2 BRITISH BORN Player (Please use Capitals)

WHERE BORN: Please tick which (or type in YES)

England

[Empty box for England]

Wales

[Empty box for Wales]

Scotland

[Empty box for Scotland]

Northern Ireland

[Empty box for Northern Ireland]

Section 3 ALL PLAYERS TO COMPLETE THIS SECTION

Sex F / M (CIRCLE)

Family Name:

[Empty box for Family Name]

Forename(s):

[Empty box for Forename(s)]

Date of Birth:

[Empty box for Date of Birth]

Tel No & Code

[Empty box for Tel No & Code]

Address

City/Town

Post Code:

County:

Email:

[Large empty box for Address, City/Town, Post Code, County, and Email]

I hereby consent to be registered as a player with the English Ice Hockey Association Ltd and this consent applies to any club I may transfer to in the future. I undertake to observe the Rules, Regulations and Bylaws of the EIHA, IHUK and the IIHF and affiliated bodies and to observe the Codes of Conduct with whichever club I am registered with.

I understand that the information on this form will be held on a computer and is subject to the Data Protection Act 1998. Information about me may be added to a list so that I can be advised by mail about special offers and promotions available to me as a member of the EIHA, and about products available from the EIHA and other organizations approved by the EIHA unless I write to the Secretary of the EIHA or there is a mark in the box.

[Small empty box for consent]

Signature of Player

[Empty box for Signature of Player]

Date

[Empty box for Date]

Signature of Parent/Guardian (players under 18yrs)

[Empty box for Signature of Parent/Guardian]

Section 4 (to be completed by Club Official) Position Held

[Empty box for Position Held]

On behalf of

Name of Club:

[Empty box for Name of Club]

I countersign this player application.

Signed

[Empty box for Signed]

Date:

[Empty box for Date]