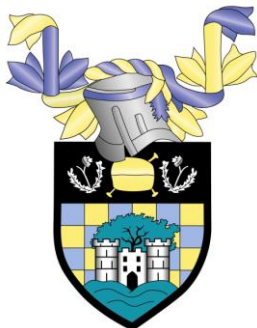


£40 subs for the season  
 Cash or cheque  
 Cheques made payable  
 to RPHC



# Reigate Priory Hockey Club

## Colts Membership Form

Name		Date of Birth	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Age			
School attended & yr group	Year <input type="checkbox"/> :		
Address		Telephone Number	
		Mobile Number	
Postcode			
<b><u>Email</u></b>			
Have you ever played Hockey ever and if so, at what level?			
Please give details of any medical information that the club should be aware of.			
Please give details about who we should contact in case of an emergency.			
Name		Name	
Relationship		Relationship	
Emergency Number		Emergency number	

I give full permission for my child to attend this club. In the event of an emergency or if my child is taken ill or is injured, I give my permission for the team manager/coach to obtain emergency medical treatment on his/her behalf if deemed appropriate.

Signed:

Date: