

# Player Registration Form

## Senior Mens - 2012 Season

Northern Suburbs Hockey Club  
Senior Men's Section

Return form to:  
Senior Men's Secretary – Jacob Toigo  
Email: nsmhc.secretary@gmail.com  
Phone: 0424 715 535  
www.northshockey.org.au



### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Phone (W) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (M) \_\_\_\_\_

- Your residential address is required for BHA registration purposes only; PO Box etc cannot be used.
- Email will be used for all routine newsletters and communications, announcements etc. so please choose one you can check regularly.

### Emergency Contact Details

Contact Name \_\_\_\_\_ Phone (M) \_\_\_\_\_ Phone (H) \_\_\_\_\_

### Hockey Details

Did you play for Norths in 2011?  Yes  Yes (Junior)  No  Never played club hockey

*If no - please provide the following:*

Previous Club \_\_\_\_\_ Location \_\_\_\_\_ Last year played \_\_\_\_\_

Please indicate interest in teams:

BHL 1/2  BHL 3/4  BHL 5/6  Grass (CHL)  Vets/Masters (Over 35's)

What are your preferred field position/s? \_\_\_\_\_

Are you interested in performing any of the following roles within the club:

Team Manager  Coach/Assistant Coach (Senior)  Coach/Assistant Coach (Junior)  Administration  
 Fundraising/Social Functions Committee  Accredited Umpire  BHA Delegate

*I hereby apply for membership of Northern Suburbs Hockey Club Inc. and registration in Norths Senior Men's teams. I agree to pay in full all fees and charges as laid out in the 2012 Fee Schedule and/or determined by the Senior Men's Treasurer, and to comply with the Fees Policy and all other rules of the Club.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Club use only*

Deposit recvd \$  Date Received  Receipt #  Initials