

**Guildford Hockey Club – COLTS MEMBERSHIP FORM – 2008/09 season**

Please bring the completed form to Colts training

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**Name**..... **School**.....

**Parents Names**.....

**eMail please write clearly** .....

**Address**..... **Age on 1 Sept 2008**..... years

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**Date of birth**.....

**Tel home**..... **Tel mob**.....

**Doctor's name and telephone number**.....

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**Medical History** - we need to be made aware of any condition which might require attention during practices eg asthma, epilepsy.

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**Emergency Contact Name** - in the event that we cannot contact your parents in an emergency we need the name and telephone number of another adult who can be responsible for you.

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