

The English Ice Hockey Association Ltd

MASTER REGISTRATION DOCUMENT

Master EIHA Member Number.....(official use only)

Section 1 FOREIGN BORN Player Only (Please use Capitals)

NATIONALITY [] ETHNIC BACKGROUND []
Unlimited []
Limited [] International Clearance No. [] Clearance Date []
I.T.C. No. (over 18 years) []

Section 2 BRITISH BORN Player (Please use Capitals)

WHERE BORN: Please tick which (or type in YES) ETHNIC BACKGROUND []
England [] Wales [] Scotland [] Northern Ireland []

Section 3 ALL PLAYERS TO COMPLETE THIS SECTION Sex F / M (CIRCLE)

Family Name: [] Forename(s): []
Date of Birth: [] Tel No & Code []
Address [] City/Town [] Post Code: [] County: [] 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.

Signature of Player [] Date []

Signature of Parent/Guardian (players under 18yrs) []

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

On behalf of Name of Club: [] I countersign this player application.

Signed [] Date: []