

Registration Form

Please fill in all required fields. Fields marked with * are mandatory.

Player Information

First Name *	Last Name *
Date of Birth *	School Year *
Name of School *	

Parent / Guardian Information

First Name *	Last Name *
Email Address *	Phone Number *
Street Address	

Medical & Emergency Information

Name of Doctor *	Surgery Telephone *
Surgery Street Address *	
Surgery City	Surgery Postal / Zip Code

Consent & Permissions

- I consent to my child being photographed/filmed for club promotional purposes
- I consent to being contacted about club events and updates
- I agree to the club's terms and conditions, code of conduct, and safeguarding policy *