The English Ice Hockey Association Ltd

MASTER REGISTRATION DOCUMENT

Master Registration Number	• • • • • • • • • • • • • • • • • • • •
Section 1 <u>FOREIGN BORN</u> Player Only (Please use Capit	tals)
NATIONALITY	ETHNIC BACKGROUND
Unlimited	
Limited International Clearance No.	Clearance Date
I.T.C. No. (over 18 years)	
Section 2 <u>BRITISH BORN</u> 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 Mobile:
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: