

OLD AQUINIANS WILLETTON REDS HOCKEY

2018 Junior Registration Form

Indicate GRADE AND GENDER to be played

	BOYS	GIRLS	
School Year J5	/6 D J7/8 D] J9/10 [] J11/12 []	
Name: (First)	(Surna	ame)	
Address:			
Suburb:	Postcode	::	
Phone: (H)	(M)		
Date of Birth:	E-Mail:		
2017 Competition Grade:		Club:	
School Attending:	Year:		
Parents /Guardian Details:			
Address:			
Home Phone:	Work:	Mobile:	
Email:			
If you played for another club is indicate which club and fill out			
Are you a goalkeeper? YES / N	O If yes, do y	ou provide your own equipment? YES / NO	
Would you like to be involved in	n an umpiring progran	n? YES / NO	
Are you a school boarder who r	needs assistance with t	ransport? YES / NO	
Parental Assistance			
Please indicate how you are able to	o assist the club.		
Umpiring Coaching Ass	ist Coach 🔲 Team Ma	nagement Boarder Transport D	
Find out more about Sponsorship	☐ Committee ☐ S	ocial	

FEES AND PAYMENT

J11/12 – STANDARD JUNIOR FEES J9/10 – STANDARD JUNIOR FEES J7/8 – STANDARD JUNIOR FEES J5/6 – STANDARD JUNIOR FEES	\$245.00 \$230.00 \$220.00 \$190.00	
*Fees are based on player's school year this y * Discount of \$30 for each additional player/ 50% discount for Goalie with own gear		
Please arrange for payment as soon as possibl	e.	
Post your cheque with this form to		
The Treasurer Reds Hockey PO Box 1191 BENTLEY DC 6983 OR Direct Deposit into the following account the following accounts:-	its and email y	our form with confirmation of your payment to
OLD AQUINIANS		<u>WILLETTON</u>
Commonwealth Bank BSB 066 000 Account 1066 6630 Account Name Old Aquinians Hockey Cl	<i><u>OR</u></i> ub	Commonwealth Bank BSB 066 125 Account 1038 8655 Account Name Willetton Reds HC
Send an e-mail to Peter Prindiville registr	ar@reds.com	<u>ı.au</u>
Amount Enclosed:		
Please advise of any medical issues that the	ne club shoul	d be aware of YES / NO
Junior Hockey Player Code of Conduct ha	ıs been signe	d and is attached:

Parent Code of Conduct has been signed and is attached: