

PERTH VELOCITY INLINE HOCKEY CLUB

Membership Form 2009

FAMILY NAME: _____

	Give Name	Date of Birth	RSA Number	Membership Type	Age Division	Playing #
1						
2						
3						
4						
5						
6						

ADDRESS DETAILS	Street:		Suburb:		Postcode
PHONE NUMBER	(H)	(W)	(M)		
EMERGENCY CONTACT	Name	Relationship		EMERGENCY NUMBER	
EMAIL ADDRESS					

Does any one, playing hockey, in your family have a medical condition or disability that may affect their playing ability: e.g. asthma, epilepsy etc?
If so please indicate which member of your family and their condition in the space below. This information will be treated with strictest confidence.

Annual Fees

Club Membership	Cost	Number	Sub Total	Total Due			Balance
				Receipt #	Date	Payment	
Single	\$20.00						
Family	\$30.00						
Skate Australia Membership							
Recreational	\$25.00						
Development	\$ 45.00						
Competitive	\$ 90.00						
Associate	\$ 15.00						

Please Note: This club is a non profit organisation for the promotion of inline hockey. In registering as a player or member of the club I hereby agree to indemnify the club and its officials against any loss, damage or injury which I may suffer or incur in relation to my activities as a player or member or as a result of the actions of the club or its officials This indemnity is given and granted by the member or the parent or guardian of the player.

Signature of Parent, Guardian or Player: _____