

## Sign Up Form for Junior Player

The information below should be used in conjunction with the IHI Player Registration portal via IHI's website. All players should be registered, speak to your club's management for further information.

**Club Name:**

### Contact Information

**Full Name of Junior Player:** \_\_\_\_\_

**Male/Female** (please delete as appropriate)

**Address:**

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**Mobile** (Junior Player\*\*\*): \_\_\_\_\_

**Email:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

#### Emergency Contact 1:

Name:

Telephone:

Relationship to child:

#### Emergency Contact 2:

Name:

Telephone:

Relationship to child:

**Medical/Behavioral Information:** \_\_\_\_\_

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*Most details can be captured by IHI's Online Registration but ensure you have; included all details that might be relevant in dealing with your child in a safe manner, such as allergies, medication, special needs, behavioral issues, GP details if applicable etc.*

**I am the Parent of** \_\_\_\_\_ (insert name of Junior Player).

I hereby consent to the above Junior Player participating in activities of the club/organization in line with IHI's Safeguarding Policy. I will inform the club of any change to the information above. I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to all activities.

I have seen and agree to abide by the Parents Code of Conduct contained within this Safeguarding Policy. I have read the Junior Player's Code of Conduct and discussed it with my child. I will endeavor that they should abide by it at all times.

I understand that photographs/videos will be taken during or at inline hockey related events and may be used for the promotion of the sport, including social media.

I am happy for the club to make appropriate the travel arrangements for my child.

I acknowledge that the club is not responsible for providing adult supervision for my child except for formal Junior coaching, matches and competitions.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available or medical treatment to be administered by a suitably qualified medical practitioner.

If selected on representative teams I am satisfied my child will comply with anti-doping procedures and that IHI will receive all relevant information contained on this form.

I consent for the above mentioned club and if applicable IHI to use the contact details listed to contact me and/or my child to receive appropriate information/communication through text, email and social media.

**Signature**

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**Printed Name**

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\*\*\* inclusion of your child's mobile number implies consent to contact them directly.