

2ND APRIL TO 5TH MAY 2024 SUMMER CAMP [7:00 to 8:30AM] REGISTRATION FORM (USE CAPITALS ONLY)

Name -: First Name: Last Name: Birth Date - DDMMYY RE	ECENT PHOTO
Age: School/College / Occupation-:	
Gender-: Male Female	
Mobile Number:	
E-mail:	
Address:	
Add 655.	
Parent / Guardian Information (for athletes below the age of 18)	
Name -: First Name:	
Last Name:	
Home Number:	
Mobile Number:	
E-mail:	
Occupation-:	
Hockey equipments & gear:	
1) Does the athlete have hockey equipments (Stick, ball and Shin guard)?	
(a) Yes(b) No2) Does the athlete have t-shirts, shorts, stocking and sports shoes?	
(a) Yes (b) No	

3) Please mention the athlete's T-shirt size [Ex: S, M, L]

Emergency Information	
Emergency Contact's	
Name -: First Name:	
Last Name:	
Relationship with the athlete:	
Phone Number:	
Does the athlete have any allergies, chronic illness, or medical conditions? I describe. Is the athlete prescribed an inhaler? If yes, please explain any instructions.	
Informed Consent and Acknowledgement I hereby give my approval for my child's participation in any and all activities IFHA during the selected camp. In case of injury to said child, I hereby waive all claims against JFHA, included and affiliates, all participants, owners and lessors of premises used to conduct the Medical Attention As Parent and/or Guardian of the named athlete, I hereby authorize the Coaching staff of JFHA to provide the needed emergency treatment prior to emergency contact person.	ding all coaches uct the event.
Comments if any (please mention prior hockey playing exposure):	
Signature: Date:	
Name:	
Relationship to athlete (for athletes below the age of 18):	

For enquiries, please contact SHANMUGHAM P MOB: 97423 52717

OR write into: info@jfha.in

TO BE VOLUNTEERS FOR THE ACADEMY

KINDLY CONTACT SHANMUGHAM P. MOB:9742352717