



# S.A. ICE HOCKEY FEDERATION REGISTRATION FORM - 2017

Po Box 34474  
Erasmia, 0023  
Gauteng  
Tel: 27 12 522 2494  
Fax: 27 86 501 1780

**Personal Info:**

Surname	
Birth Names	
Known as	
Physical Address	
Code	
Postal Address	
Code	
Tel No (home)	
Cell no. (player)	
Contact no of Parent or guardian if <18 yrs	
E-Mail address	
E-Mail address of Parent or guardian if <18 yrs	

**Citizenship:**

R.S.A.	Y	N		OTHER (specify)	
Date of Birth				SA Passport no	
SA Identity No				Passport expiry date	

**Medical Information:**

Illnesses / Allergies / asthmatic / others	
Medical Aid Scheme	
Medical Aid No	

**Player info:**

Province				Division		
Club Name				Position		
Weight				Height		
Position	Forward	Defense	Goalkeeper	Handed	Left	Right

**Please select & mark with X and attach payment to form**

Province	League / Social or National Player (incl Pointstreak)	Development Player	Coach / Referee	Inline Player (to be registered as League / Social / National player with clubs)
R	R	R120	R120	

**Note: This registration form must be completed in full (including the indemnity overleaf) or registration will be invalid and returned**

Affiliated to:  
International Ice Hockey Federation (IIHF)  
National Olympic Committee of South Africa  
And National Sports Commission (SASCOC)

Affiliates:  
Gauteng Ice Hockey Association  
Western Province Ice Hockey Association  
KwaZulu Natal Ice Hockey Association  
Eastern Province Ice Hockey Association  
Inline Hockey Association of South Africa



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## INDEMNITY FORM

I, the undersigned, by my signature on this document:

- Agree to abide by the Rules and Constitution of the South African Ice Hockey Association (which adheres to the rules and Disciplinary regulations of IIHF);
- know that Ice Hockey is a contact sport which is played at speed, and know that I may be injured whilst playing / officiating / practicing ice hockey, or whilst attending matches / camps / events or as a spectator;
- have willingly chosen to play /officiate / practice ice hockey in the full knowledge of these facts;
- understand and accept that the South African Ice Hockey Association and the lessees of ice rinks will not be held responsible for any injury, accident or death howsoever arising which occurs whilst I am playing, officiating or watching matches / practices or traveling to and from any ice hockey game or practice.

I understand that I play / officiate / practice ice hockey entirely at my own risk.

In the event of it being found that I have any claim(s) whatsoever against any of the foregoing persons, notwithstanding the terms of this declaration, then I hereby waive any rights of such nature which I may have and irrevocably agree not to pursue any such claim.

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY PARENT/GUARDIAN IF PLAYER IS UNDER 18 YEARS OF AGE

I ..... (full names), am the Parent or Legal Guardian of the a forenamed player.

By my signature hereunder, I agree that I am bound by the provisions of this declaration insofar as I, in my capacity as Parent or Guardian of the player, may personally have no claim arising in the circumstances referred to in the paragraph above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**For Office use only:**

Provincial Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provincial Stamp:

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KwaZulu Natal Ice Hockey Association  
Eastern Province Ice Hockey Association  
Inline Hockey Association of South Africa