



Application Form – NRHA Registration

CLUB NAME: _____

SECTION A - Class of Membership *(Please tick where appropriate)*

New Registration Re-registration Data amendment

Player Affiliate Insurance Only • Club Official
• Coach
• Referee
• Beginner

SECTION B – Applicant information

Surname: _____ Forenames: _____

Sex: Male / Female Date of Birth: _____

Home Address: _____

Postcode: _____

Telephone: _____ Email: _____

SECTION C – Guardian information *(req. if applicant under 18 years)*

Surname: _____ Forenames: _____

Sex: Male / Female Date of Birth: _____

Home Address: _____

Postcode: _____

Telephone: _____ Email: _____

I declare that the above information is correct. In signing this form I agree that the above named applicant is bound by the laws and resolutions of the National Roller Hockey Association of England.

Signed (applicant) _____ Date: _____

Signed (guardian, if under 18) _____ Date: _____

Please stay in touch. The National Roller Hockey Association of England will hold and use the data that you have supplied for administrative purposes and to keep you informed of its fundraising activities and other activities. We hope you will want to stay touch with our work however, if you would prefer not to receive future mailings, please tick the box.