

APPLICATION DETAILS

Name					
IC/ BC No.				DOB:	
Address					Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email					
School					
Telephone	(H)				(M)

Emergency Contacts:

Name: _____

Contact: _____

Doctor: _____

Contact: _____

Background information:

YES NO

- Have you played Hockey before? YES NO
- Have you participated in any formal sports program?
If yes, please elaborate

Physical Activity Readiness Questions:

- Have you been advised by your doctor to exercise caution when participating in strenuous activities? YES NO
- Have you experienced any medical/physical problems?
If yes, please elaborate
- Are you currently on any long term medication?
If yes, please elaborate
- Are you carrying any old physical injuries?
If yes, please elaborate
- Are there any health-related concerns that require particular attention by the Coach?
If yes, please elaborate

Training Sessions

(Please indicate preferred session)

Session 1: Saturday, 8am – 10am

Session 2: Saturday, 10am – 12pm

Hockey Starter Kit (Optional)

I would like to purchase the starter pack @ \$60/-

- T-Shirt Size: X-Small
 Small
 Medium
 Large
 X-Large
 XX-Large

For Official Use only

Program Session: ① ②

Amount: _____

Cheque No: _____

Receipt No: _____



HOCKEY
SATELLITE CENTRE
 for Sports Development



Calling all Sports Enthusiasts!



If you are between 6 to 16 years old with a desire to pick up a sport that you can learn simply by having fun, then look no further!

Join us and we will help you develop into a healthy individual simply by learning how to play hockey! Our holistic method of coaching will certainly enhance your thinking and analytical skills!

What's more you will get to meet our current and ex-Internationals!
 More details in the following pages...

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Partners in Sports:



Giving Hope. Improving Lives.

