



Alliance International Hockey Club

www.alliancehockey.net

PLAYER IDENTITY SHEET

Given Name(s) REQUIRED (FROM PASSPORT)			
Surname REQUIRED (FROM PASSPORT)			
Nickname / Short name			
Gender REQUIRED	<input type="checkbox"/> M / <input type="checkbox"/> F	Cell phone # REQUIRED (WITH NATIONAL PREFIX)	
Email Address REQUIRED			
Address			
Country	Date of Birth (dd/mm/yyyy) REQUIRED (FROM PASSPORT)		
Qualified Umpire	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Playing hockey since:	
Playing Position(s)			
Language(s) spoken			
Emergency contact name (relationship) REQUIRED			
Emergency contact Cell phone # REQUIRED			
Relevant Medical Issues			
Professional Activities now or in the past			
Citizenship / Nationality REQUIRED (FROM PASSPORT)			
Name(s) of a member of Alliance who could verify your membership			
Brief hockey experience and level, with approximate dates Use additional page if necessary			

Please tick and sign below, and return completed form to

membership@alliancehockey.club and itmanager@alliancehockey.club

I agree to pay the once only initial Membership Fee of €30.00 for Ordinary Membership

I agree to the GDPR Rules of Alliance International Hockey Club

N.B. Life Membership (€300/€200 according to age) is only available after one year of Ordinary Membership

Signature/Name _____ (date) _____

Visit www.alliancehockey.net for more explanations on membership types and tournaments' registration and fees

Alliance International Hockey Club
Hon. Secretary Mary Spierenburg

secretary@alliancehockey.club

spn/31.10.2024