JUDE FELIX
HOCKEY ACADEMY

6th APRIL TO 2nd MAY 2026: SUMMER CAMP [7:00 to 8:30AM]

REGISTRATION FORM *(USE CAPITALS ONLY)*

Name -: First Name:
Last Name:

Birth Date - D D M M Y Y

RECENT PHOTO

Age:

School/College / Occupation-:

Gender-: ☐ **Male** ☐ **Female**

Mobile Number:

E-mail:

Address:

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) No

2) 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? If yes, please 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 prepared by JFHA during the selected camp.
In case of injury to said child, I hereby waive all claims against JFHA, including all coaches and affiliates, all participants, owners and lessors of premises used to conduct the event.

Medical Attention

As Parent and/or Guardian of the named athlete, I hereby authorize the Coach and Coaching staff of JFHA to provide the needed emergency treatment prior to contacting the emergency contact person.

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