



**HOKKIE / HOCKEY  
INDIVIDUAL ENTRY FORM**

**DF MALAN JUNIOR HOCKEY COACHING CLINIC  
27 AUGUST 2010**

**BOY/GIRL**  **AGE GROUP**   
(U/9, U/10, U/11, U/12, U/13)

**T-SHIRT SIZE** **Kiddies 9-10**  **Kiddies 13/14**  **Adult S,M,L**

**NAME AND SURNAME**

**PRIMARY SCHOOL**

**CONTACT DETAILS: E-MAIL ADDRESS**

**Cellphone number**

**TEL (Home)**

**MEDICAL FUND** **NAME**   
**NUMBER**

***INDEMNITY***

*Hereby I enter my son/daughter (name and surname)*

*for the DFM junior hockey coaching clinic on 27 August. I agree not to hold the DF Malan High School organizers/coaches liable for any injury, loss, costs and/or expenses which I may sustain or incur as a result of my participation in this clinic.*

*Signed: Parent/Guardian*

*DATE*