

**Manx Hockey Association
Player Registration/Transfer Form**

Full Name	
Address	
Post Code	
Contact Telephone	
Date of Birth	
Email Address	
Employment Sector (for Marketing purposes)	
Club Registering	
Type of Hockey:	
Mixed	
Mens	
Ladies	
Junior	
Region	North/South/West/East (Delete as Applicable)

"I consent to the Manx Hockey Association (MHA) holding and processing my personal data for the purposes of administering the MHA Registration and Transfer system"

"I consent to the MHA and its Media Partners taking and using my photograph for publicity purposes"

Player Signature _____

Club Official signature _____

Parent/Guardian if Under 18 _____

This Section to be completed for Transfers between MHA Clubs only:

Previous Club	
Outstanding debts paid	YES/NO
Amount if No above	
Previous Club Official signature	