



## Registration

Please complete the registration form in capital letters and send it back to:  
Fax +49 (40) 55 260 317 or E-mail: [hockeyacademy@capla.eu](mailto:hockeyacademy@capla.eu)

Surname \_\_\_\_\_ First name \_\_\_\_\_

Date of birth \_\_\_\_\_ Nationality \_\_\_\_\_

Club \_\_\_\_\_ Position \_\_\_\_\_

Playing since \_\_\_\_\_ Shoots: RIGHT \_\_ LEFT \_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Swimmer: Yes \_\_ No \_\_

Second active sport discipline: Yes \_\_ No \_\_ What discipline: \_\_\_\_\_

Allergy: No \_\_ Yes, what kind \_\_\_\_\_

I speak and read: German \_\_ English \_\_ other language \_\_\_\_\_

Registration: Hamburg Christmas-Camp 2017    A\_\_ (2003 – 2005)    B\_\_ (2006 – 2008)

Address:

Area Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Street \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

By signing the registration you accept the general terms and conditions of Capla Hockey Academy

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the participant

\_\_\_\_\_  
Signature of parents or legal guardian