



# MEMBERSHIP REGISTRATION FORM 2019

DATE SUBMITTED: \_\_\_\_\_

**MEMBERSHIP:** (please circle) Junior Senior Senior Senior Life Social  
Full-membership Full-time student Part-time player Non-playing member or only Summer hockey

**WINTER COMPETITION-** circle: U7 U10 U13 U16 MEN WOMEN **PREFERRED TEAM:** \_\_\_\_\_  
*Cut off age at 1st January for junior comps* *Numbers permitting*

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_  
*If student, please name school attending*

**PARENT/GUARDIAN NAME/S:** \_\_\_\_\_ **PARENT/S OCCUPATION:** \_\_\_\_\_  
*Provide for members under 18 years old*

**Email:** \_\_\_\_\_  
*To receive updates and newsletters, please provide us with your email address and join the Club Facebook page!*

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Do you / your child play for another Hockey Association? YES / NO Umpires badge: Level \_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

## MEDICAL DETAILS, LEARNING DIFFICULTIES AND OTHER NOTES

Please detail any medical conditions or learning needs that the Club should be aware of (e.g. Asthma, Epilepsy, Autism, Allergies etc) and ensure that all medications (e.g. Ventolin, EpiPen etc) are with you at all games and training sessions.  
Also use this section to specify if you expect to have limited availability for matches or if you would like to request any special consideration from the committee for difficult circumstances.

\_\_\_\_\_  
\_\_\_\_\_

Please attach notes to this form if you need more space.

## PLAYING UP A GRADE

Parent permission for junior members (10 to 13 year olds) to play in an U16 team: YES / NO

Parent permission for junior members (13 to 16 year olds) to play in a senior team: YES / NO

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

*Subject to approval by ABHC Junior Coordinator and SCHA Executive Committee*  
ABHC Junior Coordinator's permission granted: YES / NO Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**All membership registration forms must be received by one of the following below, prior to any match being played**

POST  
ABHC  
PO Box 1192  
ALDINGA BEACH SA 5173

SENIOR COORDINATOR  
Justin Koevoets  
Ph: 0405 389 375  
Email: jwowhead@gmail.com

JUNIOR COORDINATOR  
Kat Best  
Ph: 0437 187 008  
Email: blue\_kat\_88@yahoo.com.au

**REFER OVERLEAF FOR MEMBERSHIP AGREEMENT AND FEE INFORMATION**

## VOLUNTEERING

The Aldinga Bay Hockey Club is a wonderful club run completely by volunteers. To uphold this standard all members are required to make a contribution. Please indicate which tasks you would like to undertake below, alternatively a financial contribution may be made.

### During Home Games only

CANTEEN / BBQ Y / N  
BAR Y / N  
TECH BENCH Y / N

### Throughout the year

UMPIRING/COACHING Y / N  
GROUNDS Y / N  
PUB RAFFLE / FUNDRAISING EVENTS Y / N

## FEES (Earlybird discount is offered if fees are paid before 30th April. All fees due by 31st May 2019)

*Team shirts remain the property of Aldinga Bay Hockey Club and must be returned on request or at the end of each season.*

<u>JUNIORS</u>	<u>FULL</u>	<u>EARLYBIRD</u>	<u>SENIORS</u>	<u>FULL</u>	<u>EARLYBIRD</u>
1st Child	\$70	\$60	Adult	\$215	\$185
2nd Child	\$45	\$40	Full-time Student**	\$100	\$80
3rd & subsequent	\$30	\$25	Social (non-playing)	\$20	NA
FAMILY*	\$325	\$300	Part-time player***	\$100	NA
			Player life member	\$135	\$120

\* The family fee applies for up to 2 adults and all children under 18 years of age living under the one roof

\*\* A student aged 16 or over, attending High School, TAFE or University full-time & is playing in a senior competition

\*\*\* A \$100 deposit is required to play as a part-time player in a senior competition. A player is considered full-time on the completion of 6 games at which point full membership is due. The \$100 deposit consists of \$40 membership & \$10 per game. If less than 6 games are played, a refund may be requested at end of season (\$10 per game not played)

*Fees are payable by either cash or cheque at the Club canteen or by bank transfer. For bank transfer use account name "Aldinga Bay Hockey Club" BSB No. 065-169; Account No. 010012294 with the member's name and team as a reference.*

## MEMBERSHIP AGREEMENT

### CONSTITUTION

I/We agree to abide by the Rules, Constitution and Policies of the South Coast Hockey Association and the Aldinga Bay Hockey Club, and agree to abide by the Terms and Conditions therein for the safety and enjoyment of all players and spectators. Document copies are kept at Clubrooms & on the Club website [www.southcoasthockey.org.au/clubs/abhc/forms/](http://www.southcoasthockey.org.au/clubs/abhc/forms/)

### CODE OF CONDUCT

I/We have read and agree to abide by the Aldinga Bay Hockey Club's Code of Conduct.

### MEDICAL TREATMENT

I agree that in the event of an emergency the Aldinga Bay Hockey Club may arrange for medical treatment and/or transport by ambulance on my behalf and I will be responsible for any resultant costs.

### PRIVACY

I agree to my personal information on this form being stored either in part or in full for the purposes of the administration of the Aldinga Bay Hockey Club, the South Coast Hockey Association and the Office for Recreation and Sport.

I consent to my name and photo being published for the purpose of the promotion of the Aldinga Bay Hockey Club and the game of hockey. This may include print media, websites and social media, officiated by the Club. **YES / NO (please circle)**

### FEES

I agree to pay all fees owing to Aldinga Bay Hockey Club as described above.

If you would like to claim a School Sports Voucher for payment of your fees, please fill in the supplied slip.

*Sports vouchers are for school students Reception to Year 7 only*

### VOLUNTEER

I agree to volunteer my time for at least 4 hours before next AGM or contribute an extra \$100 towards running the Club.

**MEMBER'S SIGNATURE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** (If player is under 18yo): \_\_\_\_\_

*If you have any questions please contact Justin Koevoets (Senior Coordinator) Ph 0405 389 375 or Kat Best (Junior Coordinator) Ph 0437 187 008*