



Payment Receipt Number:

2018 GOOLWA HOCKEY PLAYER REGISTRATION

NAME OF PLAYER:

PLAYERS DATE OF BIRTH:

PARENT/PLAYER EMAIL:

PARENT/PLAYERS BEST
CONTACT NUMBER:

PLAYERS RESIDENTIAL
ADDRESS:

PLAYERS POSTAL
ADDRESS(if different from
above)

CONSENT FOR JUNIOR TO PLAY UP YES / NO (please circle): U16's, Women and/or Men

If you play in another association, please name here: _____

EMERGENCY CONTACT PERSON (ALL PLAYERS TO COMPLETE)

1ST CONTACT NAME:

RELATIONSHIP TO PLAYER:

CONTACT NUMBER 1) _____

CONTACT NUMBER 2) _____

2ND CONTACT NAME:

RELATIONSHIP TO PLAYER:

CONTACT NUMBER 1) _____

CONTACT NUMBER 2) _____

MEDICAL DETAILS

ARE THERE ANY MEDICAL CONDITIONS THAT THE CLUB SHOULD BE AWARE OF? YES / NO
If yes please complete section on the back and if needed attach a **Medical Plan**.

DO YOU HAVE AMBULANCE COVER: (IT IS HIGHLY RECOMMENDED FOR PLAYERS) YES / NO

Please read and sign Membership Agreement on the back of this page.

MEMBERSHIP AGREEMENT - 2018

I, am applying for membership to the Goolwa Hockey Club Inc.

I agree to pay the prescribed fees by the due date as determined by the Committee.

I agree to abide by the Constitution, Rules and Policies of the Club and the South Coast Hockey Association (SCHA). These can all be found on the web site www.southcoasthockey.org.au

I acknowledge that there are inherent dangers associated with the sport that may result in injury and to the extent permitted by law, agree to absolve and indemnify the Club and the South Coast Hockey Association for any and all liability for injury, loss or damage however caused, arising out of my participation in the sport.

I acknowledge that the club does not have any Player Insurance Policy to cover sporting injuries. (Players are encouraged to arrange for their own coverage. It is highly recommended that all players wear shin-pads and use a mouth guard.)

In an emergency, I authorize any Official from the Club or the South Coast Hockey Association to arrange medical or hospital treatment and I indemnify the Club and the South Coast Hockey Association for all costs associated therewith.

(PLEASE STRIKE OUT ANY OF THE FOLLOWING THAT YOU DO NOT AGREE WITH)

I give permission for my or my child's contact details to be given to his/her coach and be available in the case of an emergency.

I consent to my name and image being used in all forms of media for the purpose of the promotion of the game of hockey.

I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

SIGNED BY PLAYER: _____

SIGNED BY PARENT: _____

(If the player is under 18 by the start of the season)

MEDICAL INFORMATION: (If you have a plan, please provide a copy to go with this registration.)

MEMBERSHIP PAYMENT DETAILS

(FEES ARE TO BE PAID OR ARRANGEMENTS MADE BY Round 5)

Junior U10/U13/U16 (1st player \$50, 2nd player\$40, 3rd player \$30)

student \$80 senior \$100 family \$250

Casual Player (\$10 per game) 1 2 3 4 5 6 7 8 9 10

Completed registration forms can either be handed to the secretary or emailed to goolwahockeyclub@gmail.com

Payments can be made in person to our treasurer or preferably by direct debit.

Account name: Goolwa Hockey club Inc.

BSB: 633 000

Account Number: 148182298

Don't forget to add the following reference: subs-*your name*