



MEMBERSHIP REGISTRATION 2021

Please circle: Junior Senior Full membership Senior Full-time student Senior Part-time Life Player life Social Non-playing member or only Summer hockey

WINTER COMPETITION: circle - U10 U14 U17 MEN WOMEN PREFERRED TEAM: 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

Subject to approval by parents, the ABHC Junior Coordinator and SCHA Executive Committee
Parent permission for junior members (7 to 10 year olds) to play in an U14 team: YES / NO
Parent permission for junior members (10 to 14 year olds) to play in an U17 team: YES / NO
Parent permission for junior members (14 to 17 year olds) to play in a senior team: YES / NO

PARENT/GUARDIAN SIGNATURE: _____

ABHC Junior Coordinator's permission granted: YES / NO Signed: Date:

Membership registration forms must be received prior to any match being played by email, abhc.email@gmail.com or in person to one of the following people:

MEMBERSHIP OFFICER JUNIOR COORDINATOR SENIOR COORDINATOR
Debbie Quick Ph: 0401 882 026 Kat Best Ph: 0437 187 008 Mitchell Hibbird Ph: 0458 490 578

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. The tasks below will be allocated to teams throughout the year and all team members (or their parents) are expected to take a fair turn. Alternatively a financial contribution may be made.

During Home Games only

CANTEEN / BBQ
BAR (must have RSA)

DINNER HOST (senior teams)

Throughout the year

TECH BENCH
PUB RAFFLE / FUNDRAISING EVENTS

FEES

Earlybird discount is offered if fees are paid before 30th April. All fees due by 31st May 2021

<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 17 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 eftpos at the Club canteen, or by bank transfer. For bank transfer, use account name "Aldinga Bay Hockey Club" BSB No. 065-169; Account No. 1001 2294 with the member's name and team as a reference, email receipt to abhc.email@gmail.com. Families, please email a list of all members included in payments.

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/

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 and tick the box below.

I am using a school voucher to pay my fees *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 your Captain/Coach or a Committee member

