



2022 GOOLWA HOCKEY REGISTRATION FORM

Full Name: _____
Date of Birth: _____
Email Address: _____
Contact Number: _____
Address: _____
Playing Grade: _____

Consent for Junior to play up: U17s Women's Men's No (Please Tick)

Do you play for another association? No If Yes, who for? _____

EMERGENCY CONTACT

1st Contact Name: _____ Relationship: _____

Contact Number: _____ Alternative Number: _____

2nd Contact Name: _____ Relationship: _____

Contact Number: _____ Alternative Number: _____

MEDICAL DETAILS

Are there any medical conditions that the club should be aware of? Yes No

If yes, please provide information below. If there is a medical plan in place, please attach.

Do you have Ambulance Cover? (recommended for all members) Yes No

MEMBERSHIP AGREEMENT - 2022

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.

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.

YES NO

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.

YES NO

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

Signed by Player: _____

Signed by Parent/Guardian: _____

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

Membership Payment Details

FEES ARE TO BE PAID BY THE END OF ROUND 4 UNLESS ARRANGEMENTS ARE MADE

Junior U10/U14/U17 (1st Player \$80, 2nd Player \$70, 3rd Player \$60)

Student \$110 Senior \$135 Family \$375 Member \$25

Casual Player (\$15 per game) 1 2 3 4 5

Cash Eftpos Direct Deposit

Reference: Subs - Your Name Account name: Goolwa Hockey Club Inc

BSB: 633 000

Account Number: 148182298