



# 2024 REGIONALS JUNIOR HOCKEY CHAMPIONSHIPS



## SOUTH COAST TEAM REGISTRATION

Naracoorte October long weekend 5<sup>th</sup> – 7<sup>th</sup> October 2024

**Use block letters when filling in the form by hand.**

U13Girls	U13Boys	U16Girls	U16 Boys	U19Girls	U19Boys
(please circle or <b>highlight</b> the team you are eligible to play in)					
PLAYERS NAME:			CLUB:		
DATE OF BIRTH:			AGE AS OF JAN 1 <sup>ST</sup> 2024:		
ADDRESS:					
TELEPHONE:			EMAIL:		
Emergency Contact Name: (Relationship to Player)				Contact No.	
HEALTH ASPECTS:		Asthma yes / no		Reliever type?	
				Preventer type?	
What management practice should be instigated if your child suffers an asthma attack?					
Any other Medical problems we need to be aware of?					
Medicare No:		Ambulance Cover Yes / No		Hospital Cover Yes / No	
				Fund/ member No:	
I AM ABLE TO ASSIST WITH:		UMPIRING		YES / NO	
		TEAM MANAGEMENT		YES / NO	
I consent to photographs being used to promote South Coast Hockey Association YES / NO					
I consent to photographs being used on social media YES/NO					
I agree to _____ playing in the Regional Junior championships. I further authorize any member or other official representative of the South Coast Hockey Association to obtain any medical or dental attention/treatment, or ambulance assistance, considered necessary (or expedient) for the player. I understand costs incurred will not be covered by the South Coast Hockey Association and will reimburse any expenses which may be incurred. I further agree not to make a claim against the South Coast Hockey Association.					
Parents Name:			Parents Signature:		Date:
<input type="checkbox"/> \$15.00 Payment enclosed. (Please note that payment does not guarantee a place in a team)					
Office Use Only: MONEY RECEIVED BY..... SIGNATURE.....					
Please return this form with payment to <b>Your clubs Junior Coordinator</b> or to Wendy Huntington.					