

# South Coast Hockey Association

Pool Player Assistance Program

Pool Player Application Form (Player)

Season: 2026 (Trial Program)



## Player Details

Full Name:

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Club:

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Registered Team:

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Grade Registered In:

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Email Address:

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Phone Number:

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## Availability

Are you willing to be contacted by other clubs if they require a Pool Player?

Yes

No

Are you generally available to play outside of your normal team commitments?

Yes

Occasionally

Rarely

Please tell us why you would like to be a pool player?

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### Program Acknowledgement

By submitting this application I acknowledge that:

- I am a **financial and registered member** of my club.
- I will be available to act as a Pool Player **when my own team does not require me**.
- I understand I may **not play against my own registered team** under any circumstances.
- I understand I may only assist the **same team a maximum of two (2) times** during the season.
- I understand that I must wear the **correct uniform of the team I am assisting**.
- I agree that my **contact details may be shared with team captains, coaches, and clubs** requiring Pool Player assistance.
- I understand that all approvals are **subject to SCHA Committee approval and monthly review**.

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**Player Signature:**

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**Date:**

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