



ADELAIDE HOCKEY CLUB INC.

Senior Player Registration 2008

(*compulsory information)

1. CONTACT INFORMATION			
Player's Name:		Sex:	M or F Date of Birth: / /
Postal Address:			
Residence Address:	(or if country address etc)		
Phone Numbers:	(Home)	(Mobile)	
Alternative Phone No:			
E-mail Address:	(for receiving club correspondence)		
Emergency Contact:	Name: Relationship:	Phone Number:	
Have you participated in either of these programs?* <input type="checkbox"/> Rookey <input type="checkbox"/> Hook in2 Hockey <input type="checkbox"/> Neither			
For reporting purposes to the Australian Sport Commission, if you identify as one of the following categories, please tick one of the following boxes (optional):			
<input type="checkbox"/> Culturally Linguistically Diverse		<input type="checkbox"/> Aboriginal or Torres Strait Islander	

2. HOCKEY DETAILS			
Have you played hockey before ?	Yes / No	Are you a new member ?	Yes / No
Have you ever played for another club from which you have not secured a transfer?			Yes / No
If new member, previous:	Club: Association:	Last year Registered:	
Preferred playing position(s):		Preferred age group/team:	
Coaching &/or Umpiring Qualifications - level of current accreditation:			
Coaching &/or umpiring experience:			

3. VOLUNTEERING INFORMATION	
Are you willing to help the club in any of its activities during the forth coming season?	Yes / No
If you answered YES please tick one or more of the following support / volunteer areas: <input type="checkbox"/> Coaching <input type="checkbox"/> Umpiring <input type="checkbox"/> Team Manager <input type="checkbox"/> Social Events <input type="checkbox"/> Fund raising	
Please state any other ways or skills you could contribute to the hockey club:	

4. MEDICAL	
1 Do you suffer from any medical conditions, such as Epilepsy, heart disorder, periodic loss of consciousness, allergies etc., that may require urgent treatment? Details:	Yes / No
2 Do you suffer from Asthma? What type of Reliever? _____ What type of Preventer? _____ What management practice should be instigated if you suffer an asthma attack?	Yes / No
3 Are you receiving any prescribed medication that may require urgent medical treatment? Details:	Yes / No
4 Any other relevant medical information? Details:	Yes / No

5. PRIVACY

Do you wish to make your contact details available to Hockey SA sponsors?	Yes / No
Is it OK for your email address to be put on Adelaide Hockey Club web pages Y/N?	Yes / No

6. DECLARATION

- ❖ I commit to playing hockey for Adelaide Hockey Club for the entire season - barring unforeseen circumstances (eg. injury, sickness, representation commitments, employment, etc).
- ❖ I acknowledge that the particulars above may be distributed to Club Officials (coaches/managers, etc) and to Hockey SA as required.
- ❖ I understand and support the compulsory mouthguard and shin guard rules.
- ❖ I give my permission for the Team Manager or Coach to obtain the most appropriate medical, dental, optical or injury treatment deemed necessary at the time of an emergency.
- ❖ I give my permission to be transported by a club entrusted person in an emergency.
- ❖ I understand that any medical, emergency cost incurred will be my responsibility.
- ❖ I undertake to comply with the Hockey SA rules of play and code of conduct.

Signature: _____ Date: _____

7. FEES PAYABLE

	Paid on or before 5 th April 2008	Paid after 5 th April 2008
Seniors	\$440.00	\$462.00
Senior goalie (supplying own equipment)	\$325.00	\$341.00
Metrograss	\$230.00	\$243.00
Metrograss goalie (supplying own equipment)	\$165.00	\$173.00

- ◆ Juniors playing senior hockey must pay the appropriate senior fee.
- ◆ Registration fees are payable in full before the commencement of the season on the weekend starting 5th April 2008. If, for valid reasons, payment in full by this date is not possible please contact the Treasurer to make alternative arrangements.
- ◆ Families with three or more players residing at the same address will receive a family discount. The most Senior member will pay full fee; the second will enjoy a 10% discount, the third a 20% reduction, the fourth 30% etc. Enquiries to the Treasurer.
- ◆ If you decide **not** to play for the Club in 2008 please advise the Treasurer so that the database may be updated.
- ◆ The committee will take action regarding players who do not pay their fees by the 30 June 2008 or make alternative payment arrangements with the Treasurer. A late registration fee of \$60.00 will be charged and playing rights may be suspended.

8. PAYMENT

I, _____, wish to pay my 2008 registration fee by (please indicate your choice):-

Cash (enclosed)
 Cheque (attached)
 Credit card
 Direct Credit

Fee due \$

Direct Credit Details
Account Name: Adelaide Hockey Club
Bank: National Australia Bank
BSB: 085 005
Account No. 20517 3175
** please fax remittance to (08) 8211 6677 or email to ascott@simspartners.com.au

If paying by credit card (**Visa, Mastercard or Bankcard only**) please complete the following details:-

Cardholder's Name:	<input style="width: 90%;" type="text"/>	Type of card:	<input style="width: 95%;" type="text"/>
Cardholder's Card number:	<input style="width: 100%;" type="text"/>	Expiry Date:	<input style="width: 100%;" type="text"/>
Cardholder's Signature:	<input style="width: 100%;" type="text"/>		Date: <input style="width: 100%;" type="text"/>

Please return this form intact and with your payment to

The Treasurer, Adelaide Hockey Club Inc., c/- SimsPartners, GPO Box 952, Adelaide SA 5001