

2010 Hockey Membership Form

Member Information (* compulsory information)

First Name*:	Team Name:
Middle Name:	
Surname*:	Australian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth* (dd/mm/yyyy):	Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nominating for*: <input type="checkbox"/> Juniors <input type="checkbox"/> Seniors <input type="checkbox"/> Veterans <input type="checkbox"/> Social If Juniors, which age group?	
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 and to help us improve our services, 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	

Areas of Interest

Tick appropriate box(es)

<input type="checkbox"/> Player	<input type="checkbox"/> Coach	<input type="checkbox"/> Umpire	<input type="checkbox"/> Umpire Coach	<input type="checkbox"/> Technical Official
<input type="checkbox"/> Non Playing Member	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Committee Member		

HockeyEd Accreditation Level:

Year first played: Previous Association/s played in:

Contact Information (* compulsory information)

Address*:		
Suburb*:	State*:	Postcode*:
Home Phone Number: ()	Work Phone Number: ()	
Mobile Phone Number*:		
E-mail address*:		

Parent/ Guardian information (Juniors only)

Mother Surname:	Father Surname:
Mother First Name:	Father First Name:

Emergency Contact & Medical Information

Surname:	First Name:
Relationship:	
Home Phone Number: ()	Work Phone Number: ()
Mobile Phone Number:	NB. At least one number must be provided
Medical Conditions/ Injuries:	
Allergies:	

News and Information

I give my consent for hockey news/ information to be sent to me by the following organisations:

Hockey Australia My State Association My Regional Association Sponsors/ suppliers

PRIVACY COLLECTION STATEMENT

This information may be stored in part or in full on HockeyNet and may be used by the club, regional assoc, state assoc and/ or Hockey Australia. Any personal information provided will only be used in accordance with the objects and purposes of HA, HA general business and in relation to HockeyNet. If the requested personal information is not provided, you may not be able to receive the benefits of registration with the HockeyNet system. Individuals will be able to access their personal information through HA upon reasonable notice. For further information on the HockeyNet Privacy Policy, please refer to www.hockey.org.au

MEMBERSHIP DISCLAIMER

By signing this form I agree to abide by the clauses and codes of behaviour that are contained in the Hockey Australia Member Protection Policy (MPP). The MPP can be viewed at www.hockey.org.au

In consideration of my application for membership being accepted I acknowledge and agree that:

1. **Release and Indemnity:** In consideration of the Club accepting my application for membership I, to the extent permitted by law:
 - a. release and will release the Hockey Organisations from all Claims that I may have or may have had but for this release arising from, or in connection with, my membership and/or participation in any Hockey Activities; and
 - b. indemnify and will keep indemnified the Hockey Organisations in respect of any Claim by any person arising as a result of, or in connection with, my membership and/or participation in any Hockey Activities.
2. I will be bound by and agree to comply with the constitutions, regulations and policies of the Club.
3. I acknowledge that I am exposed to certain risks and that accidents can happen which may result in me being injured, or my property being damaged.
4. I declare that I am medically and physically fit and able to participate in any Hockey Activities. I will immediately notify the Club of any change to my medical condition, fitness or ability to participate.

Signature (Member):	Date:
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If under 18 Signature of Parent/ Guardian:	Date:
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