

Ryde Hunters Hill District Hockey Club Inc

Player Registration Form

Player Information

Please complete in BLOCK letters.

First Name:		Middle Name:			
Surname:					
Registering to play in	Mens □	Womens □	Masters □	Juniors 🗆	
Gender: Male □ F	emale \square				
Date of Birth:		_			
Address:					
Suburb:			Postcode:	State:	
Home Phone:	one: Work Phone:		Mobile Phone:		
Email:					
Occupation	n Medicare Number				
Preferred Playing Positi	on(s)				
Have your contact deta	nils changed sind	ce last year	Yes □	No □	
If yes, which?					
Member Type Please tick age category Under 9 years □ U Emergency Contact	Jnder 18 years □	Over 18 y			
1/ Name:		2/ Nam	e:		
Relationship		Relat	ionship		-
Phone:		Phone	e		-
-	ve information No □	via email froi	n SHA, Hockey N	SW & Hockey Austral	ia
How can I help the clu	\mathbf{b} during the ye	earplease ind	icate how you can a	essist	
Coach □ Asst Coa	ch □ Team M	anager □	Umpire □ So	cial Events □	
Fund Raising □ S	Sponsorship 🗆	Other □	specify		



Protection

It is the clubs policy that for all games and training, field players are to wear suitable mouth guards and shin pads for protection. Goalies MUST be fully padded with suitable helmet. For juniors we rely on parents to be diligent in this regard.

Behaviour

At Ryde Hunters Hill District Hockey Club we take great pride in the behaviour of our members and the standards of sportsmanship displayed. We expect proper behaviour on and off the field and good sportsmanship.

Commitment

All Players who register with Ryde Hunters Hill District Hockey Club are expected to honour their commitment to their team for the full season, which ends sometime in September. Your commitment to your team includes attendance at competition matches and training sessions.

Medical Issues

I authorise the coach or any club official to obtain medical assistance which is deemed necessary and agree to pay all medical expenses incurred. Subject to any relevant legislation, I hereby indemnify Ryde Hunters Hill District Hockey Club Inc and its representatives against any claim of responsibility in the case of any accident, loss or injury suffered by me during the course of the Hockey season.

Privacy

Ryde Hunters Hill District Hockey Club believes in your right to privacy. Subject to the law and our obligation to provide registration information to Hockey Australia and its subsidiary associations in the competitions in which we play, we will not pass information specific to you on to any third party. We will not use information specific to you, except for the internal administration of our Club and to communicate with you.

USE OF IMAGE:

Hockey NSW and RHHDHC reserve the right to use at its discretion, any photographic material of you in any form of media, art, advertising, trade, visual documentary, promotional material, merchandise or film coverage for the purposes of publicity/marketing, without any compensation to you or approval by you.

MEMBERSHIP DISCLAIMER

By signing this form, I agree to comply with the rules, constitution, regulations and by-laws, codes of conduct and member protection policy of Hockey Australia, Hockey NSW and RHHDHC. Current financial members of Hockey NSW will be covered by the Sports Injury Insurance Policy provided by the Association's agent.

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

- 1. Release and Indemnity: In consideration of the Association 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 Association.
- 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 Association of any change to my medical condition, fitness or ability to participate.

Member Signature (if 18 years or over):	Date:
OR .	
Parent/Guardian Signature (if under 18 years):	Date:

Hockey NSW Privacy Statement

Hockey NSW is committed to the protection of your personal information. Any personal information you provide to Hockey NSW will be used for the purposes and related purposes of membership administration, membership statistics for research, developing and managing new and existing programs, for strategic and planning purposes and for the promotion of hockey in NSW and communicating and providing information to participants about their membership and/or their involvement in programs, competitions, including those of sponsors and other general hockey activities. Hockey NSW will not disclose any personally identifiable information obtained from you to other parties or for purposes other than those state above.

It is the policy of Hockey NSW Ltd to comply with the Privacy Act. Personal information about you is only obtained from information provided by you. This data is collected by associations affiliated with Hockey NSW. Members can change or gain access to their personal information or advise their wishes for their personal information to not be used for any of the above purposes by contacting their association or by contacting Hockey NSW. (rev 2/2012)