



PARTICIPANT REGISTRATION FORM

Surname:		First Name:	
Address:		Suburb:	
State: NSW		Postcode:	
Phone (W):		Phone (H):	
Phone (M):		School:	
Email:		Height (cm): (for hockey stick order)	
Date of Birth:		Hook in2 Hockey Centre: MAITLAND	
Type of Player: (tick as appropriate)	New player:	Current player:	
Parent / Guardian: (if under 18):		Emergency Phone:	
Medical Conditions or Allergies:			
<i>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 indicate with a tick (optional):</i>			
Aboriginal/Torres Strait Islander:		Culturally/linguistically diverse:	

PARENT/ GUARDIAN CONSENT

In allowing my child to participate in the Hockey Australia ("HA") Hook in2 Hockey program ("the Program"):

- I ACKNOWLEDGE that there are inherent dangers associated with the Program which may result in my child being injured.
- To the full extent permitted by law, I agree both on behalf of the child and in my own right to ABSOLVE AND INDEMNIFY HA from any and all liability for injury, loss or damage however caused arising out of my child's participation in the Program.
- I agree both on behalf of my child and in my own right to RELEASE AND FOREVER DISCHARGE HA from all claims that I or the child may have or may have had but for this release arising from my child's participation in the Program.
- I AUTHORISE registered Program Coordinators to arrange medical or hospital treatment (including, without limitation, ambulance transportation) if I am not available to do so and I INDEMNIFY HA for all costs associated therewith.
- I AGREE that HA retains the right to utilise images of my participation in the Program for the purposes of promoting HA's junior development programs.
- I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

HA requires the information requested in this form for use in relation to the Program. Any personal information provided will only be used in accordance with the objects and purposes of HA, HA general business and in relation to HA's junior development programs. If the requested personal information is not provided you may not be able to receive the benefits of registration in the Program. Individuals will be able to access their personal information through HA upon reasonable notice.

PARTICIPANT PAYMENT DETAILS

The total cost of one person participating in a Hook in2 Hockey program is \$40. Payment(s) are to be made out to the **Maitland Hockey Association** by Cheque, Money Order or cash and can be paid at the first session but preferably email the form to joan@nobbys.net.au before the first session or post it to:

Hook into Hockey Registrar
Joan Hart
132 Paterson Rd,
Bolwarra.

SIGNATURE

Name: _____ Signed: _____ Date: _____