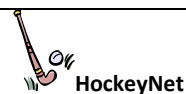


2012 MAITLAND HOCKEY ASSOCIATION INC. (MHAI)



Under 9 Membership Registration Form

TEAM:

Member Information (Please ensure all fields are completed)

Legal First Name:

Surname:

Date of Birth: (dd/mm/yyyy)

Male

Female

Address:

Suburb:

Postcode:

Phone: (H):

(M):

Email Address:

Registration Type

Player (registered with MHAI) Hook In2 Hockey Winter Season Summer Season

Affiliate Player - HNSW registration paid to Association

Transfer from other Association? Transfer form: Yes No

Medical Information

Medical Conditions/Injuries:

Allergies:

Emergency Contact

Name:

Relationship:

Phone: (H)

(M)

Terms and Declaration

I have read, understood, acknowledge and agree with the terms on the back of this form.

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 MHAI. 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.
- 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 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: _____

OFFICE USE ONLY:

FEES PAID: Y N Date: _____

Hockey NSW REG NO: _____

CLEARANCE: Y N Date: _____

DUAL PLAYER: _____

**THIS IS AN IMPORTANT DOCUMENT AFFECTING YOUR RIGHTS AND MEMBERSHIP
DECLARATION**

1. In this membership declaration:

“Claim” means and includes any action, suit, proceeding, claim, demand, damage, cost or expense however arising including but not limited to negligence but does not include a claim under any right expressly conferred by the Association’s constitution or regulations.

“ Hockey Activities” means performing/participating in any capacity in any authorised or recognised Hockey Organisation activity.

“Hockey Organisation” means and includes Hockey Australia and its members and the Association and where the context so permits, their respective directors, officers, members, servants or agents.

2. I will be bound by and agree to comply with the constitutions, regulations and policies of the Association.

3. Warning: Hockey Activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during Hockey Activities including but not limited to physical or mental injury or impairment and that accidents can and often do happen which may result in me being injured, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in the Hockey Activities.

4. Exclusion of Implied Terms: I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods or services may be excluded. I acknowledge that these implied terms and rights and any liability of the Hockey Organisation (or any of them) flowing from them, are expressly excluded to the extent possible by the law, by this membership declaration.

5. Release and Indemnity: In consideration of MHA Inc. accepting my application for membership I, to the extent permitted by law:

- a) Release and will release the Hockey Organisation from all Claims that I 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.

6. Fitness to Participate: I declare that I am medically and physically fit and able to participate in any Hockey Activities. I will immediately notify the Association in writing of any change to my medical condition, fitness or ability to participate. I understand and accept that the Hockey Organisation will continue to rely upon this declaration as evidence of my fitness and ability to participate.

7. Medical Treatment: I consent to receiving any medical treatment that a Hockey Organisation reasonably considers necessary or desirable for me during my participation in Hockey Activities. I also agree to reimburse the relevant Hockey Organisation for any costs or expenses incurred in providing me with medical treatment.

8. Severance: If any provision of this membership declaration is invalid or unenforceable in any jurisdiction, the offending phrase or clause may be read down or severed for the purpose of that jurisdiction, if possible, so as to be valid and enforceable and without affecting the remaining provisions.

9. I have provided the information required overleaf and warrant that all information provided is true and correct and acknowledge this membership declaration cannot be amended.

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 communication 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 your to other parties or for the purposes other than those stated above.

It is the policy of Hockey NSW Ltd to comply with the Privacy Act. Personal information about you is only obtained from the 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 be not used for any of the above purposes by contacting their association or by contacting Hockey NSW, PO Box 440 Sydney Markets NSW 2129 or phone 02 97641911