

YANKALILLA HOCKEY CLUB 2018 PLAYER REGISTRATION

ABN 28 618 424 707

☐ P.O. BOX 261, YANKALILLA, SA, 5203

Grounds and Clubhouse, Yankalilla Memorial Park

President: Ivan Clarke

Secretary: Mel Carragher

E-mail: tiliqua3@bigpond.com

Email: mel.carragher40@gmail.com



NAME: _____

D.O.B: ___/___/___ (Juniors Only)

ADDRESS: _____

POSTAL ADDRESS: _____

(IF DIFFERENT FROM ABOVE)

EMAIL: _____

MOBILE: _____ HOME PHONE: _____

Consent for Junior to play up in a senior grade **YES/NO**

Do you/your child play in another association, **YES/NO**

(Please name assoc. here): _____

I give permission for my or my child's contact details to be available to sponsors of the Club.

YES/NO

I consent to my name and image being used in all forms for the purpose of the promotion of the game of hockey.

YES/NO

EMERGENCY CONTACT PERSON (ALL PLAYERS TO COMPLETE)

1. NAME: _____ RELATIONSHIP: _____

PHONE NUMBER(S) 1): _____ 2): _____

MEDICAL DETAILS

ARE THERE ANY MEDICAL CONDITIONS OR LEARNING/PHYSICAL DISABILITIES THAT THE CLUB SHOULD BE AWARE OF? **YES / NO**

PLEASE SPECIFY: _____

(If you have a severe medical problem, please supply the Club with a Medical Management Plan from your Doctor.)

HOW CAN YOU HELP?

Our Club depends on volunteers. Please indicate any areas in which you may be able to assist:

(Players who do not choose to help with a club responsibility will have a task delegated to them throughout the year)

Coaching/Managing

Umpiring

Stand on a committee

Fundraising

Canteen

BBQ

Cleaning

Cash donation of \$ _

Other

**Please read and sign Membership Agreement
on the back of this page.**

MEMBERSHIP AGREEMENT - 2018

- I am applying for membership to the Yankalilla Hockey Club Inc.
- I agree to pay the prescribed fees by the due date as determined by the Management Committee.
- I agree to abide by the Constitution, Rules and Policies of the Club and the South Coast Hockey Association (SCHA). These can be found on the website www.southcoasthockey.org.au
- I acknowledge that there are inherent dangers associated with the sport that may result in injury and to the extent permitted by law, agree both on behalf of my child and in my own right, to absolve and indemnify the Club and the South Coast Hockey Association for any and all liability for injury, loss or damage however caused arising out of my child's participation in the sport.
- I acknowledge that the club does not have any Player Insurance Policy to cover sporting injuries. (Players are encouraged to arrange for their own coverage. It is highly recommended that all players wear shin-pads and use a mouthguard.)
- I agree, both on behalf of my child and in my own right, to release and forever discharge the Club and the South Coast Hockey Association from all claims that I or my child may have or may have had but for this release arising from my child's participation in the sport.
- In an emergency, I authorise any Official from the Club or the South Coast Hockey Association to arrange medical or hospital treatment and I indemnify the Club and the South Coast Hockey Association for all costs associated therewith.

I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

SIGNED BY PLAYER: _____

SIGNED BY PARENT: _____

If the player is under 18 on the 1 January 2018

MEMBERSHIP PAYMENT DETAILS

FEES FOR 2018: (Earlybird discount if fees paid before 30th April, all fees due by 31st May)

Earlybird: Seniors: \$130★ Students: \$100★ Juniors: \$70★ Under 10s: \$50★ Family: \$200

Full Seniors: \$150★ Students: \$120★ Juniors: \$90★ Under 10s: \$60★ Family: \$250

First Year Juniors Play Free

A player is considered full time on completion of 5 games where full membership is due.

Casual players \$50 (if player plays less than 5 games a refund on request may apply)

Fees are payable by either **cash or cheque** to Club Treasurer or by **Bank Transfer**, use account name **Yankalilla Hockey Club, BSB 105-092, account no 022691940** with **member's name** as reference.

SUBS RECEIVED: _____ DATE: _____ SHIRT NUMBER: _____