



**West Gippsland Hockey Association Incorporated A004426X
Junior Country Championships Registration 2018**

PARTICIPANT DETAILS

BLOCK LETTERS PLEASE

Surname _____ First Name _____

Residential Address: _____ Town _____ Postcode _____

Postal Address _____ (if different from above)

Phone Number _____ Mobile Number: _____

Email Address: _____

Date of Birth _____ AGE Group 2018: U13 U15 U17 GENDER: Male / Female (please circle)

Preferred Field Position/s _____

Shirt Size: **Child:** 12 14 16 **Adult:** XS Small Med Large XLarge (player shirts provided)

Name of Hockey Club you are registered with: _____

I hereby agree to the Hockey Victoria Codes of Behavior published on the Hockey Victoria website at www.hockeyvictoria.org.au. (Please tick to accept)

Player Signature _____

PARENT/ GUARDIAN DETAILS

Parent/Guardian Full Name: _____

Email Address: _____ Phone: _____

I hereby agree to the Hockey Victoria Codes of Behavior published on the Hockey Victoria website at www.hockeyvictoria.org.au. (Please tick to accept)

Parent Signature: _____

PLAYER MEDICAL

Emergency Contact during the *Event* Name: _____ PH: _____

Conditions: Epilepsy, Migraines, Asthma, Diabetes, Other _____
(Please indicate clearly)

Do you have any disabilities? No / Yes

Condition: _____

PHOTOGRAPHIC AUTHORITY DECLARATION

I, (Print Name).....agree to the West Gippsland Hockey Association using photo(s) taken of my son/daughter (child's name)..... during the 2018 Junior Country Championships for the purposes of promotion of the event and hockey in the following forms of media **(Please delete not agreeable)**

Newspaper / Television / Brochures / Advertising / WGHA Website / Facebook page

Parent/Guardian Signed: _____ Date: _____

Please turn over for Consent page.

PARENT/ GUARDIAN CONSENT

In allowing my child to participate in the Hockey Victoria (HV) Junior Country Championships ("the event"):

- I ACKNOWLEDGE that there are inherent dangers associated with the event 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 HV from any and all liability for injury, loss or damage however caused arising out of my child's participation in the event.
- I agree both on behalf of my child and in my own right to RELEASE AND FOREVER DISCHARGE HV and West Gippsland Hockey Assoc Inc 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 event.
- I AUTHORISE registered event Coordinators to arrange medical or hospital treatment (including, without limitation, ambulance transportation) if I am not available to do so and I INDEMNIFY HV and West Gippsland Hockey Assoc Inc for all costs associated therewith.
- I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

SIGNATURE

Name: _____ Signed: _____ Date: _____