



2024 Hockey NSW FIELD Teams - Player Contract/Registration

Contact email address

ATHLETE INFORMATION

1. (Required) Athlete's Full Name (as shown on I.D)

This name will be used for all Education Requirements & Uniform Order Identification

2. Athletes Team Name (Please tick ONE option)

U14 Boys State

U14 Boys Blues

U14 Girls State

U14 Girls Blues

U16 Boys State

U16 Boys Blues

U16 Girls State

U16 Girls Blues

U18 Boys State

U18 Boys Blues

U18 Girls State

U18 Girls Blues

U21 Men's State

U21 Men's Blues

U21 Women's State

U21 Women's Blues

Open Men's State

Open Men's Blues

Open Women's State

Open Women's Blues

Country Men

Country Women

Women's Masters O34

Women's Masters O40

Women's Masters O45

Women's Masters O50

Women's Masters O55

Women's Masters O60

Women's Masters O65

Women's Masters O70

Men's Masters

Other

3. (Required) Athletes Date of Birth

4. (Required) Athlete Contact Number

5. Athlete Email

6. (Required) Current Postcode

7. Frequent Flyer Number (QANTAS or Virgin)

We will add this to your flight booking

UNIFORM REQUIREMENTS -

8. (Required) Have you had a previous player's number that you would like to continue using? (Put N/A if not applicable)

If you have multiple, please put in order of preference. (E.g 1. 12 / 2. 5 etc)

9. (Required) In the case of your previous Playing Number being taken, what is your 2nd & 3rd preferences?

10. (Required) In the case of your previous Playing Number being taken, what is your playing singlet/shirt size? (Please tick ONE option)

Age 13 (XXS)

XS

S

M

L

XL

2XL

6

8

10

12

14

16

18

11. (Required) In the case of your previous Playing Number being taken, what do you prefer? (Please tick ONE option)

Playing Short Sleeve Shirt (Men's Only)

Playing Singlet (Women's Only)

Playing Long Sleeve Shirt (Men's or Women's)

CONTRACT/POLICIES INFORMATION

12. (Required) I understand that the National Championship/Carnival will be played under the rules as set by Hockey Australia. I also understand that Hockey is a limited contact sport and there is a risk of injury involved in playing Hockey. I authorise any Official in charge of the National Championship/Carnival or NSW Team, in the event of illness or injury, to obtain on my behalf and at my expense any medical assistance, treatment and transportation as deemed necessary. Indemnity: Except where provided or required by law and such can not be excluded, I agree that Hockey NSW and its respective directors, officers, members, servants and agents are absolved from all liability arising from injury or damage to me, however caused, whilst participating in the National Championship/Carnival competition. I have read, understood and agree to the above terms. I warrant that all information provided is true and correct. (Please tick ONE option)

Yes

13. (Required) As a Hockey NSW Player, I declare that I have read and understood the following documents as sent to me via email from Hockey NSW and I accept the terms contained therein. Attachment 1: Players Contract and Indemnity for Membership of a Hockey NSW State Team, Attachment 2: Hockey NSW Player Mouthguard Policy, Attachment 3: Code of Conduct as per the Hockey Australia Code of Conduct (Schedules 1 & 2 Included) (Please tick ONE option)

Yes

14. (Required) As a Parent of a Hockey NSW Player, I declare that I have read and understood the following documents as sent to me via email from Hockey NSW and I accept the terms contained therein. Attachment 3 Code of Conduct as per the Hockey Australia Code of Conduct (Schedules 1 & 2 Included) (Please tick ONE option)

Yes

15. (Required) If the Team member is under the age of 18 years, the Team members parent or guardian also declares that they have read, understood and accept the above listed documents. (Please tick ONE option)

YES (applicable for any athlete under 18 years of age)

NA

16. Name of Consenting Parent and or Guardian (if applicable)?

17. Parent/Guardian Contact Number

18. Parent/Guardian Email