



# 2024 Hockey NSW INDOOR Teams - Player Contract/Registration

Contact email address

## ATHLETE INFORMATION

1. (Required) What Hockey NSW Team have you been selected in? (Please tick ONE option)

- U13 Boys Lions
- U13 Girls Lions
- U13 Boys Stars
- U13 Girls Stars
- U15 Boys State
- U15 Girls State
- U15 Boys Blues
- U15 Girls Blues
- U18 Men State
- U18 Women State
- U18 Men Blues
- U18 Women Blues
- U21 Men State
- U21 Women State
- Open Men's State
- Open Women's State
- Open Men's Blues
- Open Women's Blues

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

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

3. (Required) Athletes Date of Birth

(YYYY/MM/DD)

4. (Required) Athlete Contact Number

5. Athlete Email

6. (Required) Current Postcode

## UNIFORM REQUIREMENTS

7. (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)

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

## TRAVEL TO CHAMPIONSHIPS

9. (Required) Will you be driving to Canberra? (Please tick ONE option)

If yes, please answer the question below.

Yes

No

10. Because you have selected "Yes", please let me know if you require parking at the hotel, and if you're driving with anyone in your team.

Parking costs \$15 per day

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## U13 & U15 ONLY

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11. Will you be using the Hockey NSW & SportsLink booked accommodation? (Please tick ONE option)

This information will be provided back to the Teams' Officials.

Yes

No

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## CONTRACT/POLICIES INFORMATION

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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

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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

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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

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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

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

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17. Parent/Guardian Contact Number

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18. Parent/Guardian Email

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