



# 2025 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)

- U14 Boys State
- U14 Girls State
- U14 Boys Blues
- U14 Girls Blues
- U16 Boys State
- U16 Girls State
- U16 Boys Blues
- U16 Girls Blues
- U18 Boys State
- U18 Girls State
- U18 Boys Blues
- U18 Girls Blues
- U21 Men's State
- U21 Women's State
- U21 Men's Blues
- U21 Women's Blues
- Open Men's State
- Open Women's State
- Open Men's Blues
- Open Women's Blues
- U14 Shadow Player
- U16 Shadow Player
- U18 Shadow Player

U21 Shadow Player

Open Shadow Player

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. (Required) Athlete Email

## UNIFORM REQUIREMENTS

6. (Required) Did you participate in any teams in 2024? (Please tick ONE option)

Yes

No

7. If so, please provide your playing number from this year

This will assist in number designation

8. If you have not purchased the New Balance Uniform, please advise what number you would prefer

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

9. (Required) What sized uniform would you prefer if a new uniform is required due to number clash? (Please tick ONE option)

XS

S

M

L

XL

2XL

3XL

4XL

6

8

10

12

14

16

18

20

## U14 & U16 ONLY

10. 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

## CONTRACT/POLICIES INFORMATION

11. (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

12. (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

13. (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

14. (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

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

16. Parent/Guardian Contact Number

17. Parent/Guardian Email