

# Norwest Strikers Hockey Club

Incorporated with Baulkham Hills Sports Club  
A Division of Bankstown District Sports Club Limited

## 2010 Season REGISTRATION FORM

Please return to the Registrar, NORWEST STRIKERS, P.O.Box 7468,  
Baulkham Hills NSW 2153

Carolyn Campbell, Mobile 0410 522 268, Home 9894 7421

### **Player's personal details:**

Surname: ..... First Name: .....

Address: ..... Postcode: .....

Date of Birth: ..... Telephone (H): .....

Occupation: ..... Telephone (M): .....

Email: .....

### **Player's History Details:**

Grade played last year: ..... Last Club & Association: .....

### **Sponsorship**

Are you interested in a player or team sponsorship?      Yes / No

Sponsorship levels are available for player, team, ground signage and website

Please indicate your interest and we will be in contact

### **Acknowledgment of Player / Parent / Guardian:**

I hereby agree that when playing hockey or attending any function with Norwest Strikers Men's Hockey club it is on the understanding that I will not hold The Baulkham Hills Sporting Club Limited or any of its Officials, Officers or Members responsible for injury, accident or illness sustained by me howsoever caused. Hockey NSW affiliation fees and SHA insurance amounting to a total of \$240 must be paid prior to the first game, including casual players), balance of club fees due by 31<sup>st</sup> May 2010. Playing shirts remain the property of the Club and must be returned at the end of the game. Completion of this form does NOT guarantee grading of the player in a particular team.

Player / Parent / Guardian Signature..... Date: ..... PIN .....

**Medical Information Form:**

Phone numbers of the person to be contacted in case of an emergency:

Persons name: .....

Relationship: ..... Home: .....

Work: ..... Mobile: .....

**Health Statement (please circle)**

If you suffer from ANY chronic or recurrent ailment or physical defect, it should be disclosed in order that provision maybe made for your welfare.

Are you allergic to Penicillin? Yes / No

Do you suffer from Epilepsy? Yes / No

Do you suffer from Fainting/Dizzy Spells? Yes / No

Do you suffer from a Heart Condition? Yes / No

Do you suffer from Ear Disorder? Yes / No

Do you suffer from Asthma? Yes / No

Do you have any known Allergies? Yes / No

If yes to above please elaborate. Any other relevant medical information required?

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***I authorise the coach or any club official member to arrange for any medical attention that may be required including ambulance transport, which is deemed necessary, and agree to pay any medical expenses incurred where required.***

Player / Parent / Guardian signature: ..... Date: .....