



NORTHERN DISTRICT HOCKEY ASSOCIATION INC.

JUNIOR REGISTRATION FORM – 2010



Surname: _____ Given Name: _____

Address: _____

Postcode: _____ Home Phone: _____

Parents Email (for club communications): _____

Has the address changed since last registration? Yes / No / First Registration

Gender: _____ Date of Birth: __ / __ / ____

Age (as at 1.1.10): _____ School: _____

Player History: Beginner / Played with _____ Club in Div: _____ Year: _____

Please indicate your level of commitment for the 2010 season (please tick one).

- This will be my only winter sport on Friday nights or Saturday mornings.
- I will be participating in another winter sport on Friday nights or Saturday mornings, as well as playing hockey for NDHA.
- I have compulsory Saturday morning school sport.

Parent(s) previously or currently playing hockey (circle): Father Mother

Parent(s) with current or past umpiring experience (circle): Father Mother

NDHA is run by parents and other volunteers please indicate below how you may be able to assist in 2010:

- Coach
- Team Manager (no hockey experience required)
- Donation of a prize for club raffles
- Assistance organising a social event or completing a small administrative task
- Coaching Assistant
- Umpiring
- Other, Please Specify _____

Do you have a current First Aid Certificate? Yes/No

Mothers Name _____ Mobile Number _____

Fathers Name _____ Mobile Number _____

Alternate Email _____

Do you have a trade or business that you would like to advertise through NDHA? Yes/No

Any sponsorship inquiries please see NDHA club president.

I hereby consent to the child named above playing hockey with Northern District Hockey Association. I understand that the Association will not be held responsible for any injuries or sickness sustained by the child whilst involved in the activities of the Club. I understand that the child is unable to take the field for training or games without a mouth guard and shin pads (as per NSW Hockey Association Directives for all under 18 players). I acknowledge that team and/or game photos depicting the child may be posted on the Northern District website and that our email details may be used for promotional purposes.

Parent or Guardian Signature _____

2010 Junior Fees (please tick applicable)

- U9 \$80
- Under 11 \$135
- Under 13 \$155
- Under 15 \$180

+ Fundraising Levy \$20 per single player family, \$30 for multiple player families
Less Family discount (2nd child \$15, 3rd & more \$20)

Office Use Only		
Cheque	Credit Card	Cash
Rec#: _____		
Date: __ / __ / ____		
NDHA official: _____		



NORTHERN DISTRICT HOCKEY ASSOCIATION INC.



MEDICAL FORM - 2010

PERSONAL DETAILS (please print)

Surname: _____ Given Name: _____
 Address: _____
 Postcode: _____ Home Phone: _____
 Date of Birth: __ / __ / ____ Medicare Number _____
 Private Health Fund? YES/NO Do you have ambulance cover? YES/NO
 Name of Fund _____ Membership No _____
 Mothers Name _____ Mobile Number _____
 Fathers Name _____ Mobile Number _____

HEALTH STATEMENT (please fill in accurately): If your child suffers ANY chronic or recurrent ailment, allergy or physical defect, it should be disclosed in order that provision may be made for your child's welfare.

If during the season anything changes in your child's medical profile, please notify the club.

Medical Condition	(circle)	Further Information
Asthma	YES/NO	
Allergies	YES/NO	
Diabetes	YES/NO	
Epilepsy	YES/NO	
Hearing Impairment	YES/NO	
Dizzy/Fainting Spells	YES/NO	
Heart Condition	YES/NO	
Other medical conditions not listed	YES/NO	

Will your child be taking any medication with him/her to games and carnivals? YES/NO

Please list below TWO persons who may be contacted in case of an emergency:

Name _____ Name _____
 Address _____ Address _____

 Phone _____ Phone _____

Parent(s) or Guardian(s) Consent

I, _____ Hereby give my child _____ permission to attend games and fixtures required by Northern District Hockey Association Inc. In the event of any accident or illness, I authorize the obtaining on my behalf such medical assistance as my child may require. I also consent to my child being admitted to hospital if deemed necessary in the event that I cannot be contacted or an emergency arises. I undertake to pay medical fees and/or cost of drugs and/or cost of transport seeking medical assistance, which may be incurred while my child is under medical care.

Signed _____ Date _____
 Parent/Guardian
 Signed _____ Date _____
 NDHA Representative



NORTHERN DISTRICT HOCKEY ASSOCIATION INC.

CODE OF BEHAVIOUR AND COMMITMENT STATEMENT - 2010



Code of Behaviour

- Wear your uniform with pride.
- Play by the rules.
- Never argue with an official. If you disagree, have your captain; coach or manager approach the official during a break or after the competition.
- Control your temper. Verbal or physical abuse of officials or other players, deliberately distracting or provoking an opponent is not acceptable or permitted in any sport.
- Work equally hard for yourself and your team. Your team's performance will benefit and so will you.
- Be a good sport. Acknowledge all good plays whether they are by your team or the opposition.
- Treat all players as you would like to be treated. Do not interfere with, bully or take unfair advantage of another player.
- Co-operate with your coach, team-mates and opponents. Without them there would be no competition.
- Play for the fun of it, and not just to please parents and coaches.
- Sporting equipment should not be used inappropriately or as a weapon.
- No playing around the perimeter of a field while a game is in progress.
- No playing around spectators or on the concreted areas.
- Make visiting teams welcome.

THIS CODE OF BEHAVIOUR HAS BEEN DEVISED FOR YOUR ENJOYMENT OF YOUR HOCKEY GAME AND THE SAFETY OF ALL CONCERNED. SHOULD YOU NOT PARTICIPATE IN THE SPIRIT OF THIS CODE YOU COULD BE EXCLUDED FROM PLAY.

Commitment Statement

- Players are expected to commit for the full season including finals.
- Commitment to your team includes training and competition matches.
- Any inability to attend either training or competition matches **MUST** inform both **Coach** and **Manager** as soon as the date is available
- Players that do not show NDHA the level of commitment required for the season can be dropped from the team. This is at the discretion of the Team Coach/Club. Any player removed from a team will not receive a refund of their fees.

Code of Behaviour and Club Commitment

We have read the above statements and agree to abide by the expected levels of behaviour showing full commitment to NDHA for the duration of the season.

Players Name: _____(print) Age Group: _____

Players Signature: _____ Date: _____

Parents Signature: _____ Date: _____