



# NORTHERN DISTRICT HOCKEY ASSOCIATION INC.

## WOMENS REGISTRATION FORM – 2011



Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email (for club communications): \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age (as at 01.01.11): \_\_\_\_\_

School (U18's only): \_\_\_\_\_

Player History: Beginner / Played with \_\_\_\_\_ Club in Div: \_\_\_\_\_ Year: \_\_\_\_\_

Occupation: \_\_\_\_\_

I hereby consent to the player named above playing hockey with Northern District Hockey Association Inc. I understand that the Association will not be held responsible for any injuries or sickness sustained whilst involved in the activities of the Club. I understand that an U18 player 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 player may be posted on the NDHA website and that our email details may be used for promotional purposes

Player or U18 Guardian Signature : \_\_\_\_\_

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**Players Name:** \_\_\_\_\_

### 2011 Women's Fees (Please tick applicable)

- |                                 |             |
|---------------------------------|-------------|
|                                 | <b>2011</b> |
| <input type="checkbox"/> U18    | \$260       |
| <input type="checkbox"/> Over18 | \$355       |

### Uniform Purchases

- Socks (\$10)
- Shorts (\$30)
- Women's Yellow Shirt (
- Cap (\$15)
- Fleecy (\$35)
- Polo Shirt (\$35)

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

Total: \$ \_\_\_\_\_

NDHA is run by parents and other volunteers.

Please indicate below how you may be able to assist in 2011.

- |   |  |
|---|--|
| <input type="checkbox"/> Coach  | <input type="checkbox"/> Coaching Assistant            |
| <input type="checkbox"/> Team Manager (no hockey experience required)                                   | <input type="checkbox"/> Umpiring                      |
| <input type="checkbox"/> Donation of a prize for club raffles   | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> Assistance organising a social event or completing a small administrative task | _____  |

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

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.

**Completed forms with payment can be mailed to the NDHA Registrar:**

**Donna Collier  
2 Kawana Close  
Epping 2121**

**Remember: 2010 prices will be valid for any junior who registers for 2011 BEFORE the NDHA Annual General Meeting on Wednesday 17th November 2010.**

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**\*Office Use Only\***

**Player Name:** \_\_\_\_\_ **Payment Method:** Cash / Cheque / Credit Card

Registration Fees \$ \_\_\_\_\_

Credit Card Details: Mastercard / Visa

Fundraising Levy \$ \_\_\_\_\_

Family Discount \$ \_\_\_\_\_

Card No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Uniform Purchases \$ \_\_\_\_\_

Expiry Date \_\_\_\_\_ / \_\_\_\_\_

**TOTAL PAYMENT** \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_



**NORTHERN DISTRICT HOCKEY ASSOCIATION INC.  
MEDICAL FORM – 2011**



**PLAYER DETAILS (Please Print)**

Team Name: \_\_\_\_\_  
(Filled out by Women's Co-ordinator)

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medicare No. \_\_\_\_\_

Private Health Fund: Yes / No

Do you have ambulance cover? Yes / No

Name of Health Fund: \_\_\_\_\_

Membership No. \_\_\_\_\_

Mothers Name: \_\_\_\_\_  
(U18 only)

Mothers Mobile: \_\_\_\_\_

Fathers name: \_\_\_\_\_  
(U18 only)

Fathers Mobile: \_\_\_\_\_

**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 you be taking any medication to games? YES / NO

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

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Player or Guardian Consent**

I, \_\_\_\_\_ hereby give \_\_\_\_\_ 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 required. I also consent to 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 under medical care.

Signed \_\_\_\_\_  
Player / Guardian (U18 only)

Date \_\_\_\_\_

**HELD BY TEAM MANAGER THROUGHOUT SEASON – IN CASE OF EMERGENCY**



**NORTHERN DISTRICT HOCKEY ASSOCIATION INC.  
CODE OF BEHAVIOUR AND  
COMMITMENT – 2011**



**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/or **Manager** as soon as the date is available
- Players that do not show NDHA the level of commitment required for the season may 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)

Players Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature U18: \_\_\_\_\_ Date: \_\_\_\_\_