

# PLAYER NOMINATION HILLS NIGHT HOCKEY ASSOCIATION (INC)



Please print clearly

Surname \_\_\_\_\_

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

If under 18 Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Team name \_\_\_\_\_

## Emergency contact details

Name \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile \_\_\_\_\_

I acknowledge that as a player I am /my parents are responsible for providing insurance cover for \_\_\_\_\_ (name of player). The Hills Night Hockey Association strongly advises all players to wear a **mouth guard and shin pads** whilst playing hockey.

I acknowledge and understand this information.

\_\_\_\_\_ Date \_\_\_\_\_

*Player's signature or Parent/Guardian's name & signature if Player is under 18.*

I do / do not give permission for photographs of \_\_\_\_\_ (name) from team \_\_\_\_\_ to be placed on the association website. Signed \_\_\_\_\_

*Office use*

If under 18 Birth Certificate supplied or previously sighted	YES	NO
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