



Player Information: All fields are compulsory unless marked. Please complete in BLOCK letters.

Team Name/s:

Title: Mr Mrs Ms Surname:

First Name: Middle Name:

Date of Birth: Gender - Male Female

Address:

Suburb: State: Postcode:

Home Phone: Work Phone: Mobile:

Email:

Member Type Please tick age category as at **1st January 2018:**

Under 9 years 9 - 17 years 18 years + Veteran Champs Only Non-Playing Official

Emergency Contact Information: Name: Relationship:

Home Phone: Work Phone Mobile:

NOTE: Please ensure that all details on this form are correct prior to signing

USE OF IMAGE:

Hockey NSW and Moree Hockey Association reserves the right to use at its discretion, any photographic material of you in any form of media, art, advertising, trade, visual documentary, promotional material, merchandise or film coverage for the purposes of publicity/marketing, without any compensation to you or approval by you.

MEMBERSHIP DISCLAIMER

By signing this form, I agree to comply with the rules, constitution, regulations and by-laws, codes of conduct and member protection policy of Hockey Australia, Hockey NSW and Moree Hockey Association. Current financial members of Hockey NSW will be covered by the Sports Injury Insurance Policy provided by the Association's agent.

In consideration of my application for membership being accepted I acknowledge and agree that:

- 1. Release and Indemnity:** In consideration of the Association accepting my application for membership I, to the extent permitted by law:
 - a. release and will release the Hockey Organisations from all Claims that I may have or may have had but for this release arising from, or in connection with, my membership and/or participation in any Hockey Activities; and
 - b. indemnified and will keep indemnified the Hockey Organisations in respect of any Claim by any person arising as a result of, or in connection with, my membership and/or participation in any Hockey Activities.
2. I will be bound by and agree to comply with the constitutions, regulations and policies of the Association.
3. I acknowledge that I am exposed to certain risks and that accidents can happen, which may result in me being injured, or my property being damaged.
4. I declare that I am medically and physically fit and able to participate in any Hockey Activities. I will immediately notify the Association of any change to my medical condition, fitness or ability to participate.

Member Signature (if 18 years or over): Date:

Parent/Guardian Signature (if under 18 years): Date:

Hockey NSW Privacy Statement

Hockey NSW is committed to the protection of your personal information. Any personal information you provide to Hockey NSW will be used for the purposes and related purposes of membership administration, membership statistics for research, developing and managing new and existing programs, for strategic and planning purposes and for the promotion of hockey in NSW and communicating and providing information to participants about their membership and/or their involvement in programs, competitions, including those of sponsors and other general hockey activities. Hockey NSW will not disclose any personally identifiable information obtained from you to other parties or for purposes other than those state above.

It is the policy of Hockey NSW Ltd to comply with the Privacy Act. Personal information about you is only obtained from information provided by you. This data is collected by associations affiliated with Hockey NSW. Members can change or gain access to their personal information or advise their wishes for their personal information to not be used for any of the above purposes by contacting their association or by contacting Hockey NSW.