# 2013 Hockey NSW U18 Skills Development Camp





Personal Information										
Surname:					Name:					
Address:										
Suburb:								Postcode:		
DOB:	/ / Home:				Мо	Mobile:				
Email:										
Playing History	Y									
Association:	Association:				Club:	Club:				
Current rep team/s										
Position 1:			Position 2:							
Significant coach	es in your	care	er:							
	- 6							•		
Parent/Guardian Information										
Parent/Guardi	an									
Surname:					Name:					
Home:				Work:		М	1obile:			
Email:				•						
Dietary Requirements (Medical) – Please list any special dietary requirements										
Signature										
<b>PRIVACY STATEMENT:</b> This information may be stored in part or in full by Hockey NSW. Any personal information provided will only be used in accordance with the objects and purposes of the HP Camp. Individuals will be able to access their personal information through Hockey NSW upon reasonable notice.										
Player's Signature:								Date:		
Parent/Guardian	:							Date:		

# 2013 Hockey NSW U18 Skills Development Camp





Player's Name:	Medicare/Private Health Fund Details:									
Do you have Private Health Insurance?  Fund Name:    Membership Number:	Player's Name:									
Medical Practitioner Details:  Doctor's Name:   Phone:	Medicare Number:									
Medical Practitioner Details:  Doctor's Name:  Address:  Phone:  Phone:  Phone:  Phone:  Physio's Name:  Instructions:  Prode:  Proge:  Proge:  Proge:  Proge:  Prode:  Pressure:  Previous Medical History - Answer Yes/No and List Details  Asthma:  Yes / No  Diabetes:  Previous Medical History - Answer Yes/No and List Details  Asthma:  Yes / No  Blood Pressure:  Yes / No  Blood Clots:  Yes / No  Previous Medical Address when playing?  Previous Medical Address when playing?  Previous Medical Condition?  Yes / No  Do you wear glasses/contacts when playing?  Previous Medical Condition?  Yes / No  Date of last tetanus shot?  Do you suffer from Home Sickness?  Previous Surgery - List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an energency, ALL PERSONAL MEDICAL  DETAILS WILL BE KEPT IN THE STRICTEST COMPIDENCE.	Do you have Private Health Insurance?				Yes / No	If Yes Pl	ease Fill Out Health Fund Details Below	V		
Doctor's Name:   Phone:   Phon	Fund Name:			Membe	ership Num	ber:				
Address:  Dentist's Name:  Physio's Name:    Phone:	Medical Practitioner Details:									
Phone: Physio's Name: Physio's Name:    Phone:	Doctor's Name:				Phone:					
Physio's Name:    Phone:	Address:									
Current Medications - Please List any medications you are taking.  Name: Instructions:	Dentist's Name:				Phone:					
Name:    Instructions	Physio's Name:				Phone:	Phone:				
Allergies:  Drugs: Food: Insects: Other:  Previous Medical History - Answer Yes/No and List Details  Asthma: Yes / No Diabetes: Yes / No Blood Pressure: Yes / No Blood Clots: Yes / No Will you accept a blood transfusion if required? Yes / No Have you surfered fractures/dislocations in the past? Yes / No Have you ever had a cardiac condition? Yes / No Date of last tetanus shot? Do you suffer from Home Sickness? Yes / No  Previous Surgery - List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Current Medications — Please List any medications you are taking.									
Previous Medical History — Answer Yes/No and List Details  Asthma: Yes / No Diabetes: Yes / No  Blood Pressure: Yes / No Bleeding Disorder: Yes / No  Will you accept a blood transfusion if required? Yes / No  Will you wear glasses/contacts when playing? Yes / No  Have you suffered fractures/dislocations in the past? Yes / No  Have you ever had a cardiac condition? Yes / No  Date of last tetanus shot?  Do you suffer from Home Sickness? Yes / No  Previous Surgery — List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Name:		In	structio	ons:					
Previous Medical History — Answer Yes/No and List Details  Asthma: Yes / No Diabetes: Yes / No  Blood Pressure: Yes / No Bleeding Disorder: Yes / No  Will you accept a blood transfusion if required? Yes / No  Will you wear glasses/contacts when playing? Yes / No  Have you suffered fractures/dislocations in the past? Yes / No  Have you ever had a cardiac condition? Yes / No  Date of last tetanus shot?  Do you suffer from Home Sickness? Yes / No  Previous Surgery — List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.										
Previous Medical History — Answer Yes/No and List Details  Asthma: Yes / No Diabetes: Yes / No  Blood Pressure: Yes / No Bleeding Disorder: Yes / No  Will you accept a blood transfusion if required? Yes / No  Will you wear glasses/contacts when playing? Yes / No  Have you suffered fractures/dislocations in the past? Yes / No  Have you ever had a cardiac condition? Yes / No  Date of last tetanus shot?  Do you suffer from Home Sickness? Yes / No  Previous Surgery — List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.										
Food:  Insects:  Other:  Previous Medical History – Answer Yes/No and List Details  Asthma:  Yes / No  Diabetes:  Yes / No  Blood Pressure:  Yes / No  Blood Clots:  Yes / No  Blood Clots:  Yes / No  Will you accept a blood transfusion if required?  Ves / No  Do you wear glasses/contacts when playing?  Have you suffered fractures/dislocations in the past?  Have you ever had a cardiac condition?  Yes / No  Date of last tetanus shot?  Do you suffer from Home Sickness?  Yes / No  Previous Surgery – List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Allergies:									
The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Drugs:									
Other:         Previous Medical History – Answer Yes/No and List Details         Asthma:       Yes / No       Diabetes:       Yes / No         Blood Pressure:       Yes / No       Epilepsy:       Yes / No         Blood Clots:       Yes / No       Pes / No       Yes / No         Will you accept a blood transfusion if required?       Yes / No       Yes / No         Do you wear glasses/contacts when playing?       Yes / No       Yes / No         Have you ever had a cardiac condition?       Yes / No       Yes / No         Date of last tetanus shot?       Do you suffer from Home Sickness?       Yes / No         Previous Surgery – List details and any complications         The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Food:									
Previous Medical History – Answer Yes/No and List Details  Asthma: Yes / No Diabetes: Yes / No  Blood Pressure: Yes / No Epilepsy: Yes/ No  Blood Clots: Yes / No Bleeding Disorder: Yes / No  Will you accept a blood transfusion if required? Yes / No  Do you wear glasses/contacts when playing? Yes / No  Have you suffered fractures/dislocations in the past? Yes / No  Have you ever had a cardiac condition? Yes / No  Date of last tetanus shot?  Do you suffer from Home Sickness? Yes / No  Previous Surgery – List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.										
Asthma:    Yes / No   Diabetes:   Yes / No	Other:									
Blood Pressure: Yes / No Epilepsy: Yes / No  Blood Clots: Yes / No Bleeding Disorder: Yes / No  Will you accept a blood transfusion if required? Yes / No  Do you wear glasses/contacts when playing? Yes / No  Have you suffered fractures/dislocations in the past? Yes / No  Have you ever had a cardiac condition? Yes / No  Date of last tetanus shot? Yes / No  Previous Surgery — List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Previous Medical His	story – An	swer Yes/N	o and Li	st Details					
Blood Clots: Yes / No Bleeding Disorder: Yes / No  Will you accept a blood transfusion if required? Yes / No  Do you wear glasses/contacts when playing? Yes / No  Have you suffered fractures/dislocations in the past? Yes / No  Have you ever had a cardiac condition? Yes / No  Date of last tetanus shot? Yes / No  Previous Surgery — List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Asthma:	na: Yes / No					Yes / No			
Will you accept a blood transfusion if required?  Pes / No  Po you wear glasses/contacts when playing?  Have you suffered fractures/dislocations in the past?  Yes / No  Have you ever had a cardiac condition?  Pate of last tetanus shot?  Do you suffer from Home Sickness?  Previous Surgery — List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Blood Pressure:	Yes / No			Epilepsy:		Yes/ No			
Do you wear glasses/contacts when playing?  Have you suffered fractures/dislocations in the past?  Yes / No  Have you ever had a cardiac condition?  Previous Surgery — List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Blood Clots:	Yes / N	lo		Bleeding Disorder:		Yes / No			
Have you suffered fractures/dislocations in the past?  Yes / No  Yes / No  Date of last tetanus shot?  Do you suffer from Home Sickness?  Yes / No  Previous Surgery — List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Will you accept a blood transfusion if required?					Yes / No				
Have you ever had a cardiac condition?  Date of last tetanus shot?  Do you suffer from Home Sickness?  Yes / No  Previous Surgery — List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Do you wear glasses/contacts when playing?					Yes / No				
Date of last tetanus shot?  Do you suffer from Home Sickness?  Previous Surgery – List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Have you suffered fractures/dislocations in the past?					Yes / No				
Do you suffer from Home Sickness?  Yes / No  Previous Surgery — List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Have you ever had a cardiac condition?					Yes / No				
Previous Surgery – List details and any complications  The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.										
The above is true and accurate and I give permission for this information to be given to medical personnel in case of an emergency. ALL PERSONAL MEDICAL DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Do you suffer from Home Sickness?  Yes / No									
DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.	Previous Surgery – List details and any complications									
DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.										
DETAILS WILL BE KEPT IN THE STRICTEST CONFIDENCE.										

# 2013 Hockey NSW U18 Skills Development Camp REGISTRATION FORM



PAYMENT OPTIONS (please tick your payment option)								
Credit Card Payment:								
	•							
Card Type:		☐MasterCard			□Visa			
Card Number:								
Name on Card:								
				1	T			
Expiry Date:		3 Digit Security Code:				Amount to Debit:	¢220	
						Debit.	\$330	
Direct Deposit Payment:								
Bank:	St Georg	St George						
BSB	112 879	2 879						
Account No:	4925242	92524230						
Reference:	(Please reference participants name, surname first)							
☐Cheque:	Please make cheques payable to "Hockey NSW" and please include name of participant on back of cheque.							
	·	ı				I		
Parent/ Guardian:					Date	:		
Guardi	alli	1				1		

All payments are to be received by FRIDAY 1<sup>th</sup> NOVEMBER 2013

## 2013 Hockey NSW U18 Skills Development Camp

### **REGISTRATION FORM**



### **CODE OF BEHAVIOUR**

## **Hockey NSW Skills Development Camp**

This Code is to be signed by each player and parent/guardian and returned to Hockey NSW before the commencement of the relevant camp.

Players Name:	
As a member of theobserve the following Code of Behaviour:	camp I will
I will:	
<ul> <li>Work equally hard for my squad and myse</li> <li>Be a good sport, encouraging and support</li> <li>Respect opponents and their skills and be</li> <li>Co-operate with my coach, manager and s</li> <li>Be responsible, aware I am represent hometown or city and my state</li> <li>Abstain from the use of tobacco and beverages when at the camp</li> </ul>	ing my squad-mates friendly towards all participants quad-mates ing my family, my club, my
I am also aware that serious breaches of this Code opposition for further participation in the Camp. damage to other people's property, will be my response	Costs caused, for example, by
Signatures:	
Player	Date:
Parent/ Guardian	Date: