

2013 Hockey NSW U18 Skills Development Camp

REGISTRATION FORM



Personal Information

Surname:		Name:			
Address:					
Suburb:		Postcode:			
DOB:	/ /	Home:		Mobile:	
Email:					

Playing History

Association:		Club:	
Current rep team/s			
Position 1:		Position 2:	
Significant coaches in your career:			

Parent/Guardian Information

Parent/Guardian

Surname:		Name:			
Home:		Work:		Mobile:	
Email:					

Dietary Requirements (Medical) – Please list any special dietary requirements

Signature

PRIVACY STATEMENT: 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:	

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Medicare/Private Health Fund Details:			
Player's Name:			
Medicare Number:			
Do you have Private Health Insurance?	Yes / No	If Yes Please Fill Out Health Fund Details Below	
Fund Name:		Membership Number:	

Medical Practitioner Details:			
Doctor's Name:		Phone:	
Address:			
Dentist's Name:		Phone:	
Physio's Name:		Phone:	

Current Medications – Please List any medications you are taking.	
Name:	Instructions:

Allergies:	
Drugs:	
Food:	
Insects:	
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	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.			
Parent/Guardian Signature:		Date:	

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PAYMENT OPTIONS (please tick your payment option)

<input type="checkbox"/> Credit Card Payment:					
Card Type:	<input type="checkbox"/> MasterCard		<input type="checkbox"/> Visa		
Card Number:					
Name on Card:					
Expiry Date:		3 Digit Security Code:		Amount to Debit:	\$330
<input type="checkbox"/> Direct Deposit Payment:					
Bank:	St George				
BSB	112 879				
Account No:	492524230				
Reference:	(Please reference participants name, surname first)				
<input type="checkbox"/> Cheque:	Please make cheques payable to "Hockey NSW" and please include name of participant on back of cheque.				
Parent/ Guardian:				Date:	

All payments are to be received by FRIDAY 1th NOVEMBER 2013

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 the _____ camp I will observe the following Code of Behaviour:

I will:

- Work equally hard for my squad and myself
- Be a good sport, encouraging and supporting my squad-mates
- Respect opponents and their skills and be friendly towards all participants
- Co-operate with my coach, manager and squad-mates
- Be responsible, aware I am representing my family, my club, my hometown or city and my state
- Abstain from the use of tobacco and the consumption of alcoholic beverages when at the camp

I am also aware that serious breaches of this Code of Behaviour will result in being prohibited from further participation in the Camp. Costs caused, for example, by damage to other people's property, will be my responsibility.

Signatures:

Player _____ Date: _____

Parent/ Guardian _____ Date: _____