



2013 Membership Form

Player Information

All fields are compulsory unless marked. Please complete in **BLOCK** letters.

First Name: _____ Middle Name: _____
Surname: _____ Date of birth: _____
Club: _____ Nominating for: Juniors ☐ Seniors ☐ (Please tick)
Junior Team: _____ Senior Team: _____ Goalkeeper Team: _____
Address: _____
Suburb/Town: _____
Postcode: _____ State: _____
Home Phone: _____ Mobile Phone: _____
Email address compulsory: _____

Can NDWHA communicate directly with you. yes/no _____

Registration Type

Please tick the category appropriate to you:

- ☐ Player ☐ Affiliate - HNSW Registration paid with which association _____
☐ Non playing official - includes insurance coverage ☐ Associate - does not include insurance coverage

Emergency Contact Information

Name: _____ Relationship: _____
Phone Number: _____ Mobile: _____
Medicare number: _____

TERMS

- I have read, understood, acknowledge and agree** to the terms on the reverse of this form including the warning, exclusion of implied terms, release and indemnity.

Signature: _____ **Date:** _____

- I have read, understood, acknowledge and agree** to the information identified on the front page of this document.

Signature: _____ **Date:** _____

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

In signing this form, I agree to comply with the rules, constitution, regulations and by-laws, codes of conduct and member protection policy of Hockey NSW and the affiliated association. As a member of Hockey NSW I will be covered by the Sports Injury Insurance Policy provided by Hockey NSW. I am aware of the risks of playing hockey with a preexisting medical condition. Policy details are available through affiliated associations.

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

OR

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 Newcastle Hockey Association or 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.



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It is the policy of the 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, PO Box 440, Sydney Markets NSW 2129 or phone 02 9764 1911

I hereby apply for membership of Newcastle District Women's Hockey Association Inc. In consideration of my application for membership being accepted **I acknowledge and agree** that:

1. In this membership declaration:

"Claim" means and includes any action, suit, proceeding, claim, demand, damage, cost or expense however arising including but not limited to negligence but does not include a claim under any right expressly conferred by the Association's constitution or regulations.

"Hockey Activities" means performing or participating in any capacity in any authorised or recognised Hockey Organisation activity.

"Hockey Organisation" means and includes Hockey Australia and its members and the Association and where the context so permits, their respective directors, officers, members, servants or agents.

2. I will be bound by and **agree to comply** with the constitutions, regulations and policies of the Association.
3. **Warning:** Hockey Activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during Hockey Activities including but not limited to physical or mental injury or impairment and that accidents can and often do happen which may result in me being injured, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in the Hockey Activities.
4. **Exclusion of Implied Terms:** I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods or services may be excluded. I acknowledge that these implied terms and rights and any liability of the Hockey Organisations (or any of them) flowing from them, are expressly excluded to the extent possible by law, by this membership declaration.
5. **Release and Indemnity:** In consideration of NDWHA Inc. 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) Indemnify 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.
6. **Fitness to Participate:** I declare that I am medically and physically fit and able to participate in any Hockey Activities. I will immediately notify the Association in writing of any change to my medical condition, fitness or ability to participate. I understand and accept that the Hockey Organisations will continue to rely upon this declaration as evidence of my fitness and ability to participate.
7. **Medical Treatment:** I consent to receiving any medical treatment that a Hockey Organisation reasonably considers necessary or desirable for me during my participation in Hockey Activities. I also agree to reimburse the relevant Hockey Organisation for any costs or expenses incurred in providing me with medical treatment.
8. **Severance:** If any provision of this membership declaration is invalid or unenforceable in any jurisdiction, the offending phrase or clause may be read down or severed for the purpose of that jurisdiction, if possible, so as to be valid and enforceable and without affecting the remaining provisions
9. **I have provided the information required [overleaf/above] and signed this declaration.** I warrant that all information provided is true and correct and acknowledge this membership declaration cannot be amended.