



2017 Summer Player Registration Form

Player Details:

Last Name		First Name			
Date of Birth		Gender	Male	<input type="checkbox"/>	Female
Address					
Suburb		State		Postcode	
Home Phone		Mobile			
Email (Parents for U18s)					
School Attended		Occupation			
Hockey Experience					

Parent Contact Details for 18s and Under, Emergency Contacts for over 18s:

Name	Mobile/Phone	Relationship to Player

Medical Details:

Medicare No		Ambulance Cover	Yes	<input type="checkbox"/>	No
Private Fund		Membership No			
List any medical conditions of which KLHC should be aware					

In case of an emergency I consent to first aid treatment being administered by the coach, manager or person authorised to administer first aid and authorise KLHC to seek further medical assistance, if required, on my behalf or, for U18s on behalf of my child. I undertake to pay all costs incurred on my or for U18s on my child's behalf.

Signed: _____
(Player or, for U18s Parent or Guardian)

Date: _____

Acknowledgement:

I declare that I am / my child is medically and physically fit and able to participate in this hockey programme.
I understand that for all games and training players must wear a mouth guard and shin pads.
I acknowledge that I / my child may be exposed to certain risks which may result in injury, or property damage.
I agree to be subject to the rules and policies of Kings Langley Hockey Club as described in its Constitution and Regulations.
I / my child agree(s) to abide by the Kings Langley Hockey Club Code of Conduct. I / my child understand(s) that failure to abide by this code may result in exclusion from play and/or exclusion from the club.
I understand that Kings Langley Hockey Club will distribute personal details where deemed necessary for the effective management of the club.
I understand that photos taken during this programme may be used by Kings Langley Hockey Club in news articles and for promotional purposes including the KLHC website, social media, newsletters and flyers.

Signed: _____
(Player or, for U18s Parent or Guardian)

Date: _____



2017 Summer Fees

Please register me / my child in the following programme (please cross):

K - 2	3 - 6	7 - 10	Open
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KLHC Fee

Please pay by direct deposit to Kings Langley Hockey Club Comm Bank Acct:-BSB 06 2093 Acct no. 10061092

For all direct deposits please note: players name, programme and payment type eg R. Green k-2 Summer

K - 6	7 – Open
\$20.00	\$25.00
Family Cap	\$70.00

HNSW Fee

Please pay online at:- <https://www.revolutionise.com.au/nwsha/registration/>

U7s - DOB 1/01/2010 to today	U11s - DOB 1/01/2006 to 31/12/2009	U18s - DOB 1/01/1999 to 31/12/2005	Open 1/01/1900 to 31/12/1998
\$12.85	\$16.93	\$32.23	\$47.53

I understand that failure to pay the appropriate fees will result in me / my child being barred from participation.

Signed: _____
(Player or, for U18s Parent or Guardian)

Date: _____

Forms can be posted to: The Secretary, Kings Langley Hockey Club, PO Box 719, Kings Langley NSW 2147

Forms can be emailed to: info@kingslangleyhockey.org.au

Assistance:

KLHC functions successfully because of the help of volunteers. Please number, in preference order, one or more areas in which you can assist during the season.

Coach		Assistant Coach		Umpire	
Team Manager		Website		Newsletter	
Fundraising		Sponsorship		Uniforms	
Equipment		Social Events		Registrations	
Administration		BBQs		Presentations	
Transport		Money Matters		Photos	
Other:					

Club Use Only:

Programme _____

KLHC Fee Due \$ _____

Paid

Date ____/____/____

Association Fees Paid

Birth Certificate Sighted