



## GAWLER HOCKEY CLUB REGISTRATION FORM 2010

	<b>DETAILS</b>
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<b>Surname</b> **	
<b>Given Name</b> **	
<b>Gender</b> **	
<b>Date &amp; Month of Birth</b> **	
<b>Year of Birth</b> **	
<b>Address</b> **	
<b>Suburb</b> **	
<b>Post Code</b> **	
<b>Telephone (Home)</b> **	
<b>Telephone (Work)</b> **	
<b>Telephone (Mobile)</b> **	
<b>Email Address</b> **	

\*\* These are mandatory fields as required by HockeySA for registration (including player insurance). It is only necessary to provide 1 telephone contact number - the other fields may be completed at your discretion.

### Player Accreditation - Umpiring

Level	
Number	

### Player Accreditation - Coaching

Level	
Number	

### Medical

Issues	
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### Emergency Contact Details

Name	
Relationship	
Contact Number	

### Privacy

I agree to my name and photo being published in the media, Hockey publications and on the website (Yes or No)	
<b>Code Of Conduct</b> (available <a href="http://www.gawlerhockeyclub.com">www.gawlerhockeyclub.com</a> ) I have read and accept:	

**2010 Season Preferred Grade/Team**

Full Time

Fill

- Men
- Women
- U 18 Girls/ U 17 Boys
- U 16 Girls/ U 15 Boys
- U 14 Girls/ U 13 Boys
- Under 11 Mixed
- Under 9 Mixed
- Non playing member

**Volunteer / general information**

Are you able to help the club by providing some of your valuable time with on or off the field activities? Alternatively, if you have a family member i.e. retired mum or dad or a friend who would like to help then please feel free to get them involved .

If Yes, then please tick one or more of the following boxes

- Coaching (Grade.....)
- Assistant Coach (Grade.....)
- Team Manager (Grade.....)
- Umpiring (Grade.....)
- Being coached to umpire
- Assisting with training (Grade .....
- Assisting with junior development
- Assisting with fund raising
- Assisting with social activities
- Medical support as I am First Aid Qualified
- Ground & Equipment maintenance
- Line marking

**New players**

If you know of anyone who might be interested in playing (even as a fill-in) then please give us their name and a contact number and we will follow them up.

Name  .....

Name  .....

Name  .....