

NOMINATION FORM – JUNIOR STATE CHAMPIONSHIPS

Please complete all details and sign where required, the form and return it to Association Office – (PO Box 657, Kalgoorlie - Email: juniors@goldfieldshockey.com.au) – OR - present to Nominated Team Manager / Event Coordinators at trials/training.

SECTION 01 – PLAYER DETAILS

Player Details			
Players Name			
Address			
Town / Suburb		Post Code	
Players Club		Date of Birth	
Contact Details			
Parent / Guardian Names		Work Phone	
Home Phone		Mobile	
Family Email			
EMERGENCY CONTACT		Work Phone	
Home Phone		Mobile	
Relationship			

SECTION 02 – GRADE OF NOMINATION

CHAMPIONSHIP DIVISION NOMINATION			
BOYS / GIRLS <small>Please Indicate</small>		J7/8 Juniors	
J9/10 Juniors		J11/12 Juniors	

SECTION 03 – ACCOMMODATION AND TRAVEL ARRANGEMENT

ACCOMMODATION AND TRAVEL							
STAYING PRIVATELY			PRIVATE ACCOMMODATION PHONE CONTACT				
ACCOMMODATION SUPPORT WITH TEAM or FAMILIES			NUMBER OF PERSONS				
ACCOMMODATION DAYS <small>Please Indicate with a Cross</small>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	
I ALSO CONFIRM CAN ASSIST TEAM MEMBERS WITH TRAVEL TO AND FROM STATE CHAMPIONSHIP							
TEAM MEMBER NUMBERS			TO AND FROM PERTH				
TO PERTH ONLY			FROM PERTH ONLY				

- ALL ACCOMMODATION IS REQUIRED TO BE PAID IN FULL, PRIOR TO ATTENDING THE CHAMPIONSHIPS – OR – IN ARRANGEMENT WITH CHILDS' CHAPERONE

SECTION 04 – PLAYERS DECLARATION

PLAYER and PARENT DECLARATION			
<i>I certify that have read the Players Code of Conduct for the Championship in this application as a player</i>			
PLAYER NAME		SIGNATURE	
<i>I confirm my willingness to nominate for a Team Management Position as outlined below or to assist the Team Management In Fund-raising Events</i>			
NAME		TEAM MANAGER	
TEAM CHAPERONE		TEAM UMPIRE	
TEAM FIRST - AID		FUNDRAISING	

SECTION 05 – MEDICAL DETAILS

MEDICAL DETAILS			
<i>Please provide all medical details that may be required for Team Management during involvement as trialling player or as selected team member</i>			
<i>I authorise the Team Management to obtain medical assistance deemed necessary and agree to pay all medical expenses incurred</i>			
NAME		SIGNATURE	
DOCTORS NAME		PHONE NUMBER	
MEDICARE NUMBER		AMBULANCE FUND	
<i>Should you wish to provide an alternate contact person other than that named in page one, please provide details below</i>			
NAME		WORK PHONE	
HOME PHONE		MOBILE	
RELATIONSHIP			

MEDICAL CONDITIONS			
<i>Where insufficient space may be provided below, please include as an attachment any special instructions Please indicate with a YES / NO</i>			
EPILEPSY		DETAILS	
HEART CONDITIONS		DETAILS	
DIABETES		DETAILS	
EAR DISORDER		DETAILS	
RESPIRATORY DISORDER		DETAILS	
FAINING OR DIZZY SPELLS		DETAILS	
ALLERGIES		DETAILS	
ASTHMA		PLEASE COMPLETE DETAILS IN RELEVANT SECTIONS – PAGE 3	
OTHER RELEVANT MEDICAL INFORMATION			

ASTHMA MEDICATION NOTICE	
NAME OF MEDICATIONS	
REASONS FOR TREATMENT	
MODE OF ADMINISTRATION	
<i>Please confirm the above details with a signature of your child's doctor and any other details not outline herein.</i>	
DOCTORS NAME	SIGNATURE
Doctors Notes	

SECTION 07 – CONSENT RELEASE – UNDER 18 PLAYERS

CONSENT RELEASE – PLAYERS UNDER 18	
<p>Please note: This form is used for:</p> <ul style="list-style-type: none"> Recording communication between the parent, the participating child, the Association and it's appointed Team Officials For the recording permissions for referral and sharing information associated with the event To arrange First Aid or Other Medical Treatment for the child <p><i>It is necessary for parents/guardians to sign this consent form, prior to initial verification of their child's selection in the team</i></p>	
<ol style="list-style-type: none"> I have completed the required form as required for the Association, associated with Representative Team, providing required information. <ol style="list-style-type: none"> Player / Family Contact Details Emergency Contact Details Approval to trial for selection Medical Information – as may be required. I will reimburse EGHA or the organisers of the event at which my child is competing, training or in trials on demand for any expenses incurred by them or any of them on my child's behalf. I indemnify and will keep indemnified EGHA or any other organisers of the event at which my child is competing, training or in trials from and against actions, claims, demands, losses, costs and expenses, incurred or suffered by EGHA or any other organisers of the event at which my child is competing, training or in trials in connection with or arising from any of my child's actions, illnesses, injuries or mishaps. Confirm the acceptance of releasing my child to the care of the Team Management Group and Chaperones <ol style="list-style-type: none"> For Group Travel or Private Travel My child to attend Team Functions or Events The return of any uniforms that my child would use at the championships, being the property of the EGHA or other organisers of the event. Should I not be travelling to the event with my child, give approval for my child to be place in the care of Team Management and Chaperones. 	
PARENTS NAME	SIGNATURE
<p>Please return this signed form to: Representative Team Managers' PRIOR TO – OR – NO LATER THAN 7 DAYS FROM TIME OF TEAM TRIALS <i>If has not been completed previously lodged with Association.</i></p>	

Footnote:

THE ASSOCIATION WILL PROVIDE FAMILIES WITH CONTACT DETAILS OF ALL CARERS AND CHAPERONES TO FAMILIES WHO WILL NOT BE ATTENDING THE CHAMPIONSHIPS WITH THEIR CHILD PRIOR TO THEIR DEPARTURE FROM KALGOORLIE

PLAYERS CODE OF CONDUCT

This code is to be further discussed by coaches and managers with their teams.

It is to be signed by each player and a parent or guardian (if Under 18) and handed to the Eastern Goldfields Hockey Association by the team managers (who shall also retain a copy) before the commencement of the relevant Age Group State Championships

Player Name: _____

As a member of the team, I will observe the following code of behaviour.

As a team member, I will

- Compete by the competition rules and conditions.
- Not argue with umpires', judges', or referees' decisions
- Work equally hard by my team and myself.
- Be a good sport, encouraging and supporting my team-mates.
- Respect opponents
- Co-operate with my coach, manager, and team-mates.
- Not keep hours, which will detract from my own, and team performance.
- Be responsible, aware I am representing my family, my Association, my club, my Hometown and Region

I am also aware that serious breaches of this Code of Behaviour will result in being prohibited from further participation in the Championships and that my parents or guardians (Under 18's) will be notified. Costs caused, for example by damage to other people's property, will be the responsibility of myself or parents/guardians (Under 18's).

I also acknowledgement of the By-laws of the Association apply as a member of a Representative Team and in relationship to provided uniforms, the care of and return of said uniform at the conclusion of the tournament. Should I fail to meet these requirements understand that penalties as laid down in these By-laws including any costs involved may be evoked.

SECTION 09 – PHOTO RELEASE - PLAYER

PHOTOGRAPH OPT-OUT RELEASE

- Policy for Using of Photos, Audio and Video**
 - The Association may take photos, audio and video in and around the lead-up and Championships. Your image, voice or video may appear on Associations website, social media channels publications.
 - If you do not give permission for your photo, voice or video to be published on these media, you must submit the Photo Opt-Out Form. It is then your responsibility to notify personnel that you have submitted the Photo Opt-Out Form.
 - If you agree for your image, voice or video to appear on Associations website, social media channels, or publications, then you do not need to do anything.
 - Please note that photos, audio and video taken in public spaces and/or at public events do not require authorisation for publication.
- Declaration:**
 - I do not authorise Eastern Goldfields Hockey Association or its employees or agents, to record my photographs or other images or likenesses in the form of audio, video, or any other medium, or to use, reproduce, modify, distribute, or publicly exhibit such recordings, in whole or in part, for any purpose. Further, I do not consent to the use of my name, voice, or biographical material in connection with any such recording.

CHILDS NAME: _____

PARENT NAME: _____

PARENT SIGNATURE: _____ **DATE:** _____