



ATHLETE APPLICATION FORM

ATHLETE DETAILS

First Name: Surname:

Address: D.O.B.: / /
..... GENDER: Male [] Female [] or
Prefer not to identify []

Player email: CLUB:

Player Mobile Number: (if have)

PARENTAL CONTACT DETAILS: (If athlete under 18 years)

Name: Mobile:

Family email:

EMERGENCY CONTACT / NEXT OF KIN DETAILS:

Primary Contact:

Name (Full):

Relationship to Athlete: Mobile Number:

Email:

Secondary Contact:

Name:

Mobile Number:



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ACKNOWLEDGEMENTS

- Are **you** of **Aboriginal** and/or **Torres Strait Islander** origin? YES [] / NO [] – Tick Box

PHOTOGRAPHY CONSENT

The Eastern Goldfields Hockey Association and Goldfields Hockey Academy recognises the need to ensure the welfare and safety of all young people in sport.

At times, the Association or Programme Administrators and Coaching Staff may wish to take photographs of the group or individuals, ensuring these are safe, respectful; and used for purposes intended, which is the promotion and celebration of the activities of the Academy and training purposes that may be used on Association Website and Social Media. NO NAMES of children will be published, without further approval.

I (parent/guardian’s name or athlete over 18yrs)

- Consent to allow my child (Child’s Name) to participate in the Goldfields Hockey Academy and its events, and consent to use of my child’s photograph as stated.
- Consent to allow (Over 18 athletes) to use of my photograph as stated

Please print in block letters:

NAME: Date: / /

Signature:



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MEDICAL DETAILS

Please provide all medical details that may be required for programme administrators, coaching staff during involvement as member of the Goldfields Hockey Academy.

I authorise the Goldfields Hockey Academy to obtain medical assistance deemed necessary and agree to pay all medical expenses incurred

NAME		SIGNATURE	
DOCTORS NAME		PHONE NUMBER	
MEDICARE NUMBER		AMBULANCE FUND – if applies	

MEDICAL CONDITIONS

*Where insufficient space may be provided below, please include as an attachment any special instructions
Please indicate with a YES / NO*

EPILESPY		DETAILS	
HEART CONDITIONS		DETAILS	
DIABETES		DETAILS	
EAR DISORDER		DETAILS	
RESPIRATORY DISORDER		DETAILS	
FAINTING OR DIZZY SPELLS		DETAILS	
ALLERGIES		DETAILS	
ASTHAM		DETAILS	
OTHER RELEVANT MEDICAL INFORMATION			



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ATHLETES DECLARATION

As an athlete selected to partake in the Goldfield Hockey Program, a program conducted or sanctioned by Eastern Goldfields Hockey Association, you must meet the following requirements with regards to your behaviour.

- Adhere to the Eastern Goldfields Association's By-laws and Code of Conduct. Copies which are available on the Association Website and from all Member Clubs.
- Adhere to Hockey Australia Member Protection Policy
- **In addition, as an athlete/player of the Goldfields Hockey Academy Programme**
- I will play hockey to enjoy the game, to have fun, and work hard to improve my skills, listening to my coach both during training, games and accepting their instructions.
- I will commit try my hardest, in practice and games, striving to be a positive influence on my program group/team, both on and off the field.
- My language and actions, on and off the field, will reflect respect and sportsmanship.
- I will attend all program sessions and games that I can or if can - communicate to Academy Administration or Coaches should if unable to attend, to always be on time, wear the designated uniform with pride and support the Association, programme, both within my own group/team and other teams.
- I will wear all required protective gear to partake in training/games, as required of my participation. Field players it is mandatory requirement to wear mouth/gum guards, shinpads and face masks (for Junior Aged EGHA Competition Players) in defence of penalty corners. *(Players should provide own masks) – in absence of own mask, athletes MUST adhere to strict recommended health guidelines around use of any borrowed masks.*

The Goldfields Hockey Academy Administrators and Coaching Staff are responsible on behalf of the Eastern Goldfields Hockey Association for ensuring that By-laws, Code of Conduct and Programme Rules are met.

ATHLETE DECLARATION & OFFICE ADMINISTRATION

Athlete Name:	Athlete Signature:
Parent/Guardian Name: Applicable to athletes under 18years.	Parent/Guardian Signature:
Application Date:	Administration Details: Received by: Date:



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ATHLETE UNIFORM ORDERS & REGISTRATION

REGISTRATION FEE: \$10 without shirt \$35 with shirt

SHIRT/SINGLET SIZE (if required): Please note training shirt is compulsory. Please circle below

Youth 12 Youth 14 Youth 16 Small Medium Large
Extra Large 2-Extra Large

BANKING DETAILS: BSB: 066-514 A/c Name: EGHA Juniors

(or pay by eftpos) Account #: 1064 6145 Reference - player's full name