

GVHA
PO Box 327
Shepparton 3632

GOULBURN VALLEY
GV
HOCKEY ASSOCIATION Inc.



Junior Country week Championships

Melbourne: 19th & 20th May 2018

You will need to fill this out prior to being selected to represent the Goulburn Valley Hockey Association and to meet new Hockey friends & families.

There is also a registration and playing fee of \$30.00

Registration forms need to be completed and handed to Junior Organising group.

PLAYER REGISTRATION & MEDICAL FORM FOR 2018 JUNIOR COUNTRY CHAMPIONSHIPS GOULBURN VALLEY

PLEASE PRINT DETAILS CLEARLY

NAME: _____

DOB: ____/____/____

ADDRESS: _____

POSTCODE: _____

EMAIL: _____

PHONE: _____

MOBILE: _____

AGE GROUP U13B/U13G/U15B/U15G/U17B/U17G (please circle)

CLUB: _____

1ST PREF. POS: _____ 2ND PREF.POS: _____

PARENTS/GARDIANS NAME;(if under 18) _____

EMERGENCY CONTACT: _____ MOBILE: _____

DO YOU HAVE ANY MEDICAL CONDITIONS: **YES / NO**

IF **YES** PLEASE STATE CONDITION & MEDICATIONS REQUIRED:

ARE YOU COVERED FOR AMBULANCE: **YES / NO** AMBULANCE NO: _____

MEDICARE No: _____ PRIVATE HEALTH CARE NAME & No: _____

AUTHORISATION

1. If the above named player on this form is involved in an **emergency situation I accept** the care provider's discretion to act in the best interest of the said person and notify me as soon as possible.
2. I will pay any medical and/or ambulance costs arising from such action.
3. I give the care provider/s permission to contact a doctor/hospital in an **emergency**.

PLAYER'S SIGNATURE: _____ DATE ____/____/____

PARENT'S/GUARDIANS SIGNATURE: _____ DATE ____/____/____

NAME: _____ RELATIONSHIP: _____