

GVHA
PO Box 327
Shepparton 3632



U18 Mixed Metro Competition

PLAYER REGISTRATION & MEDICAL FORM FOR 2018

You will need to fill out this form and complete your online Registration with Hockey Victoria, prior to being selected to represent the Goulburn Valley Hockey Association U18 Team. Completed forms need to be handed in to your clubs GVHA Junior Representative or the U18 Team Manager.

PLEASE PRINT DETAILS CLEARLY

NAME: _____ DOB: ____/____/____

ADDRESS: _____ POSTCODE: _____

EMAIL: _____ PHONE: _____

HOME CLUB: _____ MOBILE: _____

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

PARENTS/GARDIANS NAME: _____ MOBILE: _____

EMERGENCY CONTACT: _____ MOBILE: _____

DO YOU HAVE ANY MEDICAL CONDITIONS: YES / NO (IF YES PLEASE PROVIDE DETAILS BELOW):

MEDICAL CONDITION:	MEDICATION:	DOSAGE:

DO YOU HAVE THE FOLLOWING COVERAGE? (Please indicate YES / NO and provide Details)

AMBULANCE: YES / NO AMBULANCE NO: _____

PRIVATE HEALTH CARE: Y/N PROVIDER: _____ No: _____

MEDICARE 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 player 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: _____