

## NOMINATION FORM - SENIOR STATE CHAMPIONSHPS

Please complete all details and sign where required, the form and return it to Association Office (PO Box 657, Kalgoorlie) or leave in box provided at the Hockey Stadium for collection by Team Managers / Event Coordinators.

### SECTION 01 – PLAYER DETAILS

Player Details			
Players Name			
Address			
		Post Code	
Home Phone		Mobile	
Email			
Date of Birth			
Emergency Contact		Work Phone	
Home Phone		Mobile	
Relationship			
Players Club			

### SECTION 02 – GRADE OF NOMINATION

CHAMPIONSHIP DIVISION NOMINATION			
SENIOR NO.1 TEAM		SENIOR NO.2 TEAM	
MASTERS NO.1 TEAM		MASTERS NO.2 TEAM	

### SECTION 03 – ACCOMMODATION AND TRAVEL ARRANGEMENT

ACCOMMODATION AND TRAVEL			
STAYING PRIVATELY		PRIVATE ACCOMMODATION PHONE CONTACT	
ACCOMMODATION WITH TEAM		NUMBER OF PERSONS	
Should I withdraw within 14days of the Championships, am aware that may be invoiced should there be any costs involved in cancellation of accommodation. If medical or work requirements preclude attending, a provision of evidence shall be provided			
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

### SECTION 04 – PLAYERS DECLARATION

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

### SECTION 05 – MEDICAL DETAILS

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

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	
HEAST CONDITIONS		DETAILS	
DIABETES		DETAILS	
EAR DISORDER		DETAILS	
RESPIRATORY DISORDER		DETAILS	
FAINTING 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>			
DOCTORES NAME		SIGNATURE	
Doctors Notes			

## SECTION 07 – CONSENT RELEASE – UNDER 18 PLAYERS

CONSENT RELEASE – PLAYERS UNDER 18			
<p><b>Please note:</b>  <i>This form is used for:</i></p> <ul style="list-style-type: none"> <li>Recording communication between the parent, the participating child, the Association and it's appointed Team Officials</li> <li>For the recording permissions for referral and sharing information associated with the event</li> <li>To arrange First Aid or Other Medical Treatment for the child</li> </ul> <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"> <li><i>I have completed the required form as required for the Association, associated with Representative Team, providing required information</i> <ol style="list-style-type: none"> <li><i>Player / Family Contact Details</i></li> <li><i>Emergency Contact Details</i></li> <li><i>Approval to trial for selection</i></li> <li><i>Medical Information – as may be required</i></li> </ol> </li> <li><i>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></li> <li><i>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.</i></li> <li><i>Confirm the acceptance of releasing my child to the care of the Team Management Group and Chaperones</i> <ol style="list-style-type: none"> <li><i>For Group Travel or Private Travel</i></li> <li><i>My child to attend Team Functions or Events</i></li> <li><i>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.</i></li> </ol> </li> <li><i>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.</i></li> </ol>			
PARENTS NAME		SIGNATURE	

**Please return this signed form to:**  
**The Secretary of – Eastern Goldfields Hockey Association (PO Box 657, Kalgoorlie WA 6430)**  
**Or**  
**Representative Management Team**

**NO LATER THAN 7 DAYS FROM TIME OF RECEIPT**  
*If has not been completed previously*

**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**

## SECTION 08 – PLAYERS CODE OF CONDUCT

**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 (whom shall also retain a copy) before the commencement of the relevant Age Group State Championships

**Players 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.

<i>I certify that have read the Players Code of Conduct for the Championship in this application as a player</i>			
NAME		SIGNATURE	