



ABN: 72 893 760 500

## AGE NOMINATION

### Child and Parent/Guardian details

Childs Surname	_____	Childs Given Name:	_____
Date of Birth	____/____/____	From: _____	Hockey Club
Parent/Guardian Surname	_____	Parent/Guardian Given Name:	_____

### Intent to play in the following grades

Please tick the box of the grade that the child would like to nominate as their primary game for the year. This is the match outside their regular age bracket or gender.

<input type="checkbox"/> U14 girls	<input type="checkbox"/> U14 boys
<input type="checkbox"/> U16 girls	<input type="checkbox"/> U16 boys

I understand that although my Hockey Club (named above) and its coaches attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and Hockey carries the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in Hockey and I accept that risk.

In the case of an emergency, I authorise officials from my Hockey Club (named above), where it is impracticable to communicate with me, to arrange for the named child to receive such medical or surgical treatment as may be deemed necessary.

I understand that the wearing of a correctly fitted mouthguard and shin guards are mandatory in all games and training sessions for all players under 18.

I understand that if the abovenamed child plays in any other junior competition than their nominated primary one, then they are always an asterisk player in that competition.

Signed \_\_\_\_\_ Parent/Guardian Date \_\_\_\_/\_\_\_\_/\_\_\_\_