



REP PLAYER REGISTRATION INFORMATION

PLAYER AGREEMENT FORM

I, _____ (player name) playing for CMHA in the HNZ, Northern Region Representative Tournament & CMHA Set Tournaments for **2019**, agree to behave in an appropriate manner so as not to discredit Counties Manukau Hockey Association or my team.

- I accept that there is a certain standard of behaviour expected of me at all times both on and off the pitch.
- Abide by the CMHA Player Code of Conduct
- I will respect the surroundings of my accommodation and the others who may be staying there at the same time.
- I will adhere to any restrictions made by CMHA and/or team management and officials.
- CMHA Uniforms are to be only worn when representing CMHA for team events – Direction will be given via team coach/manager.
- I am aware of my personal responsibility under NZ Hockey's anti doping programme.
- I realize that any behaviour that is deemed inappropriate may lead to me being sent home immediately at my own expense, this may include the expense of an adult escort.
- I understand that my parents will be contacted and I may be sent home if my actions are considered unacceptable by staff, I breach the drug and alcohol policy or my actions put me or others in danger.
- I will wear the team uniform (on and off the field) if provided by CMHA and at all times I will maintain an acceptable personal standard of dress.
- I am eligible to represent CMHA (Inc)

Players Signature: _____ **Date:** _____



REP PLAYER REGISTRATION INFORMATION

PARENT CONSENT FORM

I agree to/my child, to playing in the Counties Manukau Hockey Team for the 2019 season.

Counties Manukau u13/15/18 (please circle) Representative Team

I undertake to ensure that (my child) _____ will attend all practices, Northern Region Tournaments and National Tournament and that any exemption from a practice or game will be discretion of the coach. Approvals must be sought prior to the practice and or game in question.

I understand that the coach may remove myself or my child from the team if he/she misses too many practices and/or games or if there is some other good reason. All costs involved will be paid by myself or the parent and will not be a cost to CMHA.

I understand all cost involved in CMHA representative hockey and am prepared to pay all costs involved.

Signed:(Parent/Caregiver)

Full name of parent / Caregiver:

Date: _____

Attached: Copy of Birth Certificate or Passport (Compulsory) – Yes / No

CONFIDENTIAL



REP PLAYER REGISTRATION INFORMATION

PERMISSION TO TRAVEL AND TOURNAMENT RELEASE FORM

I hereby give permission for my child _____ to travel with his/her CMHA team using transport arranged by the Association if required. I understand that the transport may be by private car, mini-bus, coach, train or plane.

I do not approve of the following transport being used: _____

My child has my permission to attend the HNZ & Northern region Tri series representative tournaments to be held around New Zealand in the **2019** representative season.

EMERGENCY INFORMATION

PLAYER NAME	
ADDRESS	
PHONE	
DATE OF BIRTH	

DOCTOR	
NAME	
ADDRESS	
PHONE	

EMERGENCY CONTACT #1	
NAME	
PHONE	H: W: M:

EMERGENCY CONTACT #2	
NAME	
Phone	H: W: M:
RELATIONSHIP	

REP PLAYER REGISTRATION INFORMATION

PLAYER MEDICAL FORM

I ADVISE THE FOLLOWING INFORMATION CONCERNING MY CHILD:		
1	Current medication	
2	Details of medication and dosages required, please state if your child self-medicates. How should the medication be stored or transported	
3	Foods he/she may not eat?	
4	Details of any food/medical allergies or disabilities	
5	Any special dietary needs	
6	May the player swim in a pool under supervision? Please rate the players swimming ability	YES / NO LEARNER/ CONFIDENT/ STRONG
7	Has the player had any anti-tetanus injection in the past 5 years?	YES / NO
8	Number of Community Services Card if you hold one	
9	If you do not hold a Community Services Card the Team Manager will secure receipts for any Medical treatment, for which you agree to reimburse the Association.	
10	Is there any further information (medical or otherwise) we should know about your child including any religious or cultural requirement	
11	Is there any other issue/s that staff should be aware of that could affect your son/ daughter's ability to participate in any of the activities?	
12	Do you give consent for simple medical procedures i.e. paracetamol	YES / NO
13	Do you give consent for Photos of your child to go on CMHA social media (FB/website etc)	YES / NO