



PLAYER REGISTRATION FORM

BOBCATS HOCKEY CLUB, BALLARAT

NAME: _____

ADDRESS: _____

PHONE: _____ DOB: _____

EMAIL: _____

EMERGENCY CONTACT: _____

CONTACT PHONE: _____

AUSTRALIAN CITIZEN: ☐ YES ☐ OTHER: _____

ABORIGINAL OR TORRES STRAIT ISLANDER: ☐ YES ☐ NO

MEDICAL CONDITIONS OR DISABILITY? ☐ YES ☐ NO

PLEASE LIST: _____

HOW LONG HAVE YOU PLAYED HOCKEY? _____

DO YOU HAVE ANY OF THE FOLLOWING?

☐ COACHING ACCREDITATION- LEVEL _____

☐ UMPIRE ACCREDITATION- LEVEL _____

☐ WORKING WITH CHILDREN CERTIFICATE

WOULD YOU BE INTERESTED IN HELPING WITH:

☐ COACHING ☐ Senior ☐ Junior

☐ SOCIAL ACTIVITIES ☐ FUNDRAISING ☐ GAINING UMPIRE QUALIFICATIONS

DO YOU CONSENT TO YOUR CONTACT DETAILS BEING SHARED WITH OUR SPONSORS? ☐

DO YOU WISH TO RECEIVE ADVERTISING MATERIAL RELATING TO HOCKEY AND/OR OUR SPONSORS? ☐

PLEASE COMPLETE DETAILS AND RETURN TO YOUR COACH OR:

DANI WILDE (TREASURER) rivendell.cottage1@gmail.com

THANE BOURNE (SECRETARY) bobcatshockeyclub@gmail.com