



Sunshine Coast Hockey Association Inc

ABN 89 942 594 714

Congratulations on your selection as a SCHA Representative Player!

Please read all the information contained in this package.

To confirm your place in the team, you will need to return the necessary paperwork to the TEAM MANAGER within 7 days of the Team being named on the SCHA Website.

It is your responsibility to read, complete, sign and return to your **TEAM MANAGER**:

- Player agreement and indemnity
- QLD Team player nomination (if applicable)
- Player medical consent form
- Asthma medication form (if applicable)
- Any other relevant paperwork

You may be required to pay a \$50.00 deposit for team and travel expenses to SCHA. This amount will be due within 7 days of invoice.

In the event of the team travelling by air a further deposit of **\$100** is required **WITH NOMINATION** by the nomination closing date.

You will be invoiced for the costs involved in your representative team by SCHA.

We hope you enjoy this experience with your team. Please do not hesitate to contact either your coach or manager should you require further information or have any questions.

Yours in hockey

SCHA – Management Committee



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Sunshine Coast Hockey Guidelines and Procedures **PLAYERS Agreement and Indemnity**

Overview:

- The Manager has overall responsibility at all times for the contingent and is the final authority whilst at Championships, Training and Pre Championship events.
- The Coach has overall responsibility at all times for coaching.
- The players first responsibility is to the team and it's well being and must adhere to the wishes of the Manager and/or Coach as directed.
- Teams will be selected in accordance with the SCHA selection Guidelines.
- Players are expected to participate in the true spirit of sportsmanship.
- The Player shall accompany the contingent for both forward and return travel and be accommodated with the contingent. Variations may be approved by the Management Committee upon request in writing.

The Player shall:

- The Player will attend all training sessions, all representative matches in which the team participates and any and all official meetings. If the player is unable to attend training, a representative game or a meeting they are to advise the Coach or Manager with the reasons prior to the event.
- Wear the Representative Uniform playing and travelling as directed by the Manager.
- Be informed with accommodation and travel arrangements. The player will travel with the contingent as advised. Accommodation and travel arrangements will be at the discretion of the SCHA.
- Direct any grievances etc to the Manager.
- Agree to any reasonable requests made to them by the Manager (whilst off the field) and the Coach (while on the field).
- Complete and return all necessary forms within 7 days of receiving your invitation to join team.
- Pay necessary monies as requested upon receipt of SCHA invoice. Failure to do so may preclude further participation in the team. Individual cases of genuine financial hardship will be given consideration and arrangements may be given to an extended regular payment plan.
- Uphold the good name of the SCHA at all times.
- Conduct themselves in a fit and proper manner whilst representing SCHA.

Please sign SCHA Player Agreement and Indemnity Form



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Sunshine Coast Hockey Player Agreement and Indemnity

I _____ hereby agree that as a member of Sunshine coast Hockey
Hockey Representative _____ team that:

- I am bound by the Rules and Code of Conduct of this Association.
- I have read and understood the Player Guidelines and Procedures.
- I agree to participate in all Training, competitions and events arranged for the team.
- I accept the authority and direction of the appointed team officials.
- I will pay any monies owing to the Association by the due date as advised.
- I agree to travel to and from such Championships or events by the means selected by the Association.
- I agree that the Association shall not be deemed responsible or liable in any way for any injury, illness, accident, misadventure or other mishap to me sustained in arising from, or out of, or in any way directly or indirectly connected with travelling, match practice, training, match or function of whatsoever nature resulting from or indirectly related to my membership of the team.
- In the event that I become physically or mentally incapable of making decisions related to my health, well being or welfare, I authorize the Association or any person authorized by the Association in his, her or their absolute discretion to obtain and engage the services of any hospital, medical practitioner, dentist or physiotherapist to examine and treat me, and to purchase any medical supplies or equipment deemed by such person or persons to be necessary for me and to authorize treatment including the supply to me of an anaesthetic, blood transfusion, or injection and I undertake to refund forthwith to the Association or to any such person or to any duly authorized person as required, all sums expended by them for such purposes.
- I hereby indemnify the Association against any action, suit, cause of action, demand or claim by me or by any other person or persons whatsoever, made in connection with or arising out of any such injury, illness, accident, misadventure, or other mishap to me and hereby (without in any way imposing or attaching any liability or obligation upon the Association to do so) appoint the Association as my agent to incur such expenses as is reasonably necessary for my benefit as afore said.
- I further agree that should I be guilty of any misconduct which in the opinion of the Association warrants my dismissal from the Team, and my immediate return to my home centre I will refund to the Association the full fare and any other travelling expenses incurred from my then present address to my home centre.

I UNDERSTAND AND ACCEPT THE ABOVE MATTERS AND AGREE THAT THE ASSOCIATION WILL BE THE FINAL ARBITRATOR SHOULD ANY UNFORSEEN CIRCUMSTANCES ARISE.

SIGNATURE: _____

DATE: _____

Signature of Parent/Guardian _____
(Players Under 18 Parent/Guardian to sign)

HOCKEY QUEENSLAND

FORM 2B

STATE TEAM INDIVIDUAL NOMINATION FORM

This form is to be completed by the player and returned to their Association. This form is not to be sent to Hockey Queensland. The details of this form should be inputted into the State Team Nomination Spreadsheet (Form 2A) and sent to Hockey Queensland.

CONTACT INFORMATION

TEAM YOU ARE NOMINATING FOR:

NAME:

ADDRESS:

SUBURB:

POSTCODE:

HOME PHONE:

WORK PHONE:

MOBILE:

EMAIL:

DOB:

ABORIGINAL OR TORRES STRAIT ISLANDER:

Y

N

Should you be selected for a State Team or Squad, please notify both Hockey Queensland and your Centre if there are any changes to any of the above details

PLAYING PARTICULARS

Association and Team Number:

Championships (e.g. U18 W/U21M etc)

Preferred Playing Position:

1.

3.

2.

4.

Please list the major achievements and particulars of your recent playing career (indicate year selected)

Australian Team/Squad

State Team/Squad

City or Association

Current Club, Team and Grade

Major Awards Won

I have read and understood the 'Hockey Queensland Nomination Details' form (as supplied by my Association) and I agree to the conditions of selection etc, determined by Hockey Queensland.

Signature of Nominee

Date:

(or parent/guardian's signature if under the age of 16)

Signature (Association Official)

Date:

***Privacy Statement:** Hockey Queensland collects information about you to provide services to you, and to facilitate your involvement in the game of hockey, conduct marketing activities and market research. If the information is not provided Hockey Queensland may not be able to provide the service requested. Hockey Queensland may disclose your non-sensitive information to uniform suppliers, sponsors and to those organisations required by law. Further details can be found in our privacy policy at www.hockeyqld.com.au. You can gain access to the information Hockey Queensland holds about you by contacting Hockey Queensland Privacy Officer on 07 3399 6577.

Sunshine Coast Hockey Association – Player Details and Medical Information

Name:	
DOB:	
Address:	
Home Phone:	Mobile:
Parent Name: (If Under 18)	
Emergency Contact Details: Name:	
Phone:	
Relationship to Player:	
Medicare Number:	
Do you have private health insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does the Player suffer from any of the following:	
Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Heart Conditions	<input type="checkbox"/>
Other illness/disease/allergy	<input type="checkbox"/> Please Specify:
If you have ticked any of these conditions, please give details:	
Is the Player suffering from any disease, condition or injury that is likely to be aggravated by the Competition or that the Team Management should be aware of? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If so, please give details:	
Is the Player taking any medication? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please give specific details:	
AUTHORISATION TO ADMINISTER PAIN RELIEF (Applicable to players under 18 years of age only)	
I hereby authorise my child to be administered one (1) single dose (amount according to packaging directions of Panadol or similar) in the event of a high fever/headache. I understand that my child will be taken to a medical practitioner if these symptoms continue.	
The information given by me on this form is true and correct:	
Name:	
Signature: (Parent or Guardian if Player is under 18 years of age)	
Date:	



ASTHMA & OTHER MEDICATION NOTIFICATION FORM

DOCTORS DETAILS

DOCTORS NAME:

WORK PHONE:

ATHLETES DETAILS

ATHLETES NAME:

DOB:

ADDRESS:

HOME PHONE:

WORK PHONE:

MOBILE:

EMAIL:

MEDICATION DETAILS

NAME OF MEDICATIONS:

REASONS FOR TREATMENT:

MODE OF ADMINISTRATION:

DOCTORS SIGNATURE:

DATE:

PLEASE NOTE:

Athletes competing at a National level are required to submit this form to Hockey Australia. Athletes competing at a State level are required to submit this form to Hockey Queensland.

Athletes are advised to keep a copy of this form for their personal records.

When competing at international events, check the requirements regarding asthma and other medication notifications. Some events will require athletes to produce notification at a drug test.

Many asthma medications contained banned and restricted substances. If in doubt, check it at – call the ASADA hotline on 1800 020 506.

Other ASADA resources available to check medications include the Drugs in Sport Handbook and Wallet Card. To order, call ASADA on 02 6202 0233.

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