

REGISTRATION FORM 2024

Complete and return this form before the end of June.

Hockey Tasmania registration must to be paid via the website prior to playing your first game.

[www.hockeytasmania.com.au](http://www.hockeytasmania.com.au)

Internet Banking – Please put your name in the reference field and also email [devonporthc@hotmail.com](mailto:devonporthc@hotmail.com) to advise payment

Account Name: Devonport Hockey Club Inc

BSB: 807-009

Account Number: 12130573

EFPTOS also available at trainings

Cheques are to be made payable to:

Devonport Hockey Club Inc

Alternatively, payments can also be made to Liz Pease, or your team captain/manager

Full Name:

Address:

Phone: (Home) (Mobile) (Email)

Preferred method of contact (Please circle): Facebook Email Phone

(Facebook and email are the best way to contact large numbers of people, but please let us know if that doesn’t suit you).

Are You: Senior U/18 U/17 U/13

(Please Circle)

Team/Club last played with and grade

* I acknowledge that I have read and will abide by the “Code of Conduct” as published by the Devonport Hockey Club and I agree to pay my subs by the due dates as set by the Devonport Hockey Club.
* I acknowledge that there may be photos taken of me, as a Devonport Hockey Club member, during games or trainings for club social media and website purposes, or by local media personnel.

PRIVACY COLLECTION STATEMENT

The Devonport Hockey Club collects information about you to register you to play Hockey in accordance with Hockey Tasmania and the Devon Hockey Association regulations and for insurance purposes. If this information is not provided you may not be able to participate in the game of hockey. Your non-sensitive personal information may be forwarded to the relevant hockey authorities as required and to those organisations required by law. Further details can be found in the Hockey Tasmania Privacy Policy at [www.hockeytas.org.au](http://www.hockeytas.org.au). You can gain access to information held by the Devonport Hockey Club by contacting the Secretary at [devonporthc@hotmail.com](mailto:devonporthc@hotmail.com).

Player Signature:

Date:

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If Player Under 18)

MEDICAL and EMERGENCY DETAILS

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications if required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of Emergency contact details

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**2024 Subs**

For the 2024 season the subs for each team will be:

Senior Men and Women $180

Juniors $60

* Any players will continue to receive a $15 discount for each box of fundraising chocolates sold if they choose to sell chocolates
* **In addition to this - All players must register with Hockey Tasmania prior to the end of June via the Hockey Tasmania web site. This covers HA Levy, HA insurance& HT Reg.**

