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***Benalla Hockey Club Membership Form***

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **First Name:** |  |
| **Address:** |  | **Home Ph:** |  |
|  |  | **Work Ph:** |  |
| **Email:** |  | **Mobile Ph:** |  |

**MEMBERSHIP TYPE (please tick): (Note all Members to register with HV through the website and pay the HV Fee at the time of completing the registration – club fees are payable direct to the club)**

|  |  |  |
| --- | --- | --- |
| **PLAYER □ MALE □ FEMALE** | **Shirt Number:** |  |
| |  |  |  |  | | --- | --- | --- | --- | | **CATEGORY** | **Before Round 4** | **After Round 4** | **HV Fee**  **(pay on website)** | | Junior | $140 | $160 | $35 | | Student | $180 | $180 | $45 | | Senior | $230 | $260 | $45 | | **Minkey/H2H:**  Term 2 & 3 $50  Single term only $35  (HV fee is included) | |
| **NON PLAYER □ Friends Of Benalla Hockey Club (FOBHC)** | $20 | |

**EMERGENCY DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **If Player is Under 18:** | | | | | | |
| **Parent Names:** |  | | | **Parent Contact Numbers** |  | |
|  | | |  | |
| **Emergency Contacts** | | | | | | |
| **Name:** |  | | | **Contact Numbers** |  | |
| **Name:** |  | | | **Contact Numbers** |  | |
| **Medical Contacts and Information** | | | | | | |
| **Doctor & Clinic Name:** | |  | | **Contact Number** |  | |
| **Medicare No** | |  | | |  | |
| **Private Health Ins Fund** | |  | **Private Health Ins No** | |  | |
| **Ambulance Subscriber** | |  | **Ambulance Subscriber No:** | |  | |
| In the case that the player named above is injured and it is felt that urgent medical attention is required; do you permit the Coach/Team Manager to call an ambulance for that player? | | | | | | Yes / No |
| Does the player named above suffer from any allergy or illness? If yes, please list below: | | | | | | Yes / No |
| Please be advised that your affiliation fees provide coverage for 3rd party liability insurance and professional liability only, it does not provide medical insurance for any injury incurred during your participation at Benalla Hockey Club training, games or events. | | | | | | |

**3. PAYMENT DETAILS (please choose and tick either EFT, Cheque or Cash):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **□ EFT (Electronic Funds Transfer)**  **BSB: 063505 A/C: 10046738** | | □ **Cheque (payable to Benalla Hockey Association Inc)**  □ **Cash** | | |
| Please ensure that your full name is entered under “description” when making transfer. | | | | |
| Do you agree to your name and any photographs of yourself / your child being used by Benalla Hockey Club for the purposes of promotion eg newspaper reports, newsletter, Facebook page?  Please list any not acceptable: | | | | Yes / No / In part |
| **Player / Member Signature:** |  | | **Date:** |  |
| **Parent / Guardian (if player under 18)**  **Signature:**  Please post completed form & payment to the following;   * Benalla Hockey Association PO Box 48 Benalla VIC 3672   Or Return to your Team Manager |  | | **Date:** |  |

Benalla Hockey Association Inc

Incorporated No.: A0015481A

ABN:  14541601771

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***Benalla Hockey Club Indemnity Form***

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **First Name:** |  |
| **Address:** |  | **Home Ph:** |  |
|  |  | **Work Ph:** |  |
| **Email:** |  | **Mobile Ph:** |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **Player / Member Signature:** |  | **Date:** |  |
| **Parent / Guardian (if player under 18)**  **Signature:** |  | **Date:** |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **Player / Member Signature:** |  | **Date:** |  |
| **Parent / Guardian (if player under 18)**  **Signature:**  Please post completed form & payment to the following;   * Benalla Hockey Association PO Box 48 Benalla VIC 3672   Or Return to your Team Manager |  | **Date:** |  |

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