



# Central Districts Hockey Incorporated

## TEAM REGISTRATION FORM

To be fully completed and sent to Central Hockey by the due date

Province: \_\_\_\_\_ Team (Men/Women): \_\_\_\_\_

No.	Surname	First Name	Address	E-mail	DOB	Signature	*
1							
2							
3							
4							
5							
6							
7							
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11							
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18							

In signing this form, I agree that the above details are true and correct; and I have read and understand the Hockey New Zealand Anti Doping Code & Sanctions. A Parent/Guardian must sign for players Under 16 years of age.

\*Central Districts Hockey Incorporated collects the personal detail information for the purpose of processing membership and administering hockey. The personal details are recorded in a database for the purpose of administering hockey, communication, hockey surveys and to provide benefits back to members. From time to time information and special offers may also be sent to members on behalf of Central Districts Hockey sponsors and business partners. In addition, team registration forms will be available to any of Central Districts Hockey provincial Associations for the purposes of inviting individual players to coaching clinics in their region that are endorsed by that member Association. You may access, change or delete your details as provided for under the Privacy Act of 1993. Members should tick the asterix box by their signature if they do not wish to receive special offers and information.

**Playing Colours**

Shirt
Skirt/Shorts
Socks
GK Shirt

**Alternative Colours (this strip must be available during the NHL)**

Shirt
Skirt/Shorts
Socks
GK Shirt

**Coach**

Name
Address
Hm Ph
Wk Ph
Mobile
E-mail

**Manager**

Name
Address
Hm Ph
Wk Ph
Mobile
E-mail

**Other Team Personnel**

Name
Position
Phone
E-mail

**Other Team Personnel**

Name
Position
Phone
E-mail

**Other Team Personnel**

Name
Position
Phone
E-mail

**Other Team Personnel**

Name
Position
Phone
E-mail

We, the \_\_\_\_\_ Hockey Association:

1. Consent to the information on this team registration form being collected by Central Hockey Association Incorporated for the purpose of CHL registrations and information for coaches and selectors.
2. Advise that the players named on this team registration form are registered members of our Association or are bona fide Guest Players or Province of Origin Players.
3. Agree to abide by the CHL Competition Rules and related Policies.

Signed Association Secretary/Chairperson: \_\_\_\_\_

Date: / /