



Central Districts Hockey Incorporated

ADDITIONAL PLAYER REGISTRATION FORM

This form is to be used for any players additional to those named on the final team registration form
 Please fully complete and submit a copy to Central Hockey by 12pm on the Thursday before your next game

Province: _____ Team (Men/Women): _____

No.	Surname	First Name	Address	E-mail	DOB	Signature	*

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.

We, the _____ Hockey Association:

1. Consent to the information on this team registration form being collected by Central Districts Hockey Association for the purpose of Central Hockey League registrations and information for coaches and selectors and for the Central Districts Hockey player database.
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 Central Hockey League Tournament Rules and related Policies.

Signed Association Secretary/Chairperson: _____ Date: / /