



ABN: 72 893 760 500

## PERMISSION TO PLAY HOCKEY IN OTHER GRADES

This form is to be used for any player that wishes to play a second game outside their regular age bracket or gender.

### Child and Parent/Guardian details

Childs Surname \_\_\_\_\_ Childs Given Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ From: \_\_\_\_\_ Hockey Club

Parent/Guardian Surname \_\_\_\_\_ Parent/Guardian Given Name: \_\_\_\_\_

### Intent to play in the following grades

Please tick the box of the additional grade that the child would like to play. This is the match outside their regular age bracket or gender.

U12 boys                       U14 girls                       U14 boys

U16 girls                       U16 boys                       Seniors

I understand that although my Hockey Club (named above) and its coaches attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and Hockey carries the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in Hockey and I accept that risk.

In the case of an emergency, I authorise officials from my Hockey Club (named above), where it is impracticable to communicate with me, to arrange for the named child to receive such medical or surgical treatment as may be deemed necessary.

I understand that the wearing of a correctly fitted mouthguard and shin guards are mandatory in all games and training sessions for all players under 18.

Signed \_\_\_\_\_ Parent/Guardian                      Date \_\_\_\_/\_\_\_\_/\_\_\_\_