

Kedron Wavell Services Hockey Club INC. Social Summer Comp 2017



Junior Summer Hockey!!

Season Duration:

- ◆ Starting Wednesday 4th October and Thursday 5th October 2017
- ◆ Finishing Wednesday 6th December and Thursday 7th December 2017

Cost:

- ◆ \$100 per person
- ◆ Players who are not currently registered with a hockey club will incur a \$20 insurance fee

When?

MODIFIED INDOOR HOCKEY RULES APPLY

- ◆ **Wednesday Nights:**
 - U13 - U17 Teams
 - 8-a-side on ½ field
 - *max of 3 boys per team**
- ◆ **Thursday Nights:**
 - U9 - U11 Teams
 - 6-a-side on 1/3 field
 - *max of 2 boys per team**



**PLEASE NOTE: EACH NIGHT WILL BE A COMBINED COMP OF EACH AGE GROUP
UNLESS TEAM NUMBERS ALLOW OTHERWISE**

Send your completed registration form or any queries to the Administrator:

Natasha Gaddes 0418 796 579 or summer.hockey.kw@gmail.com

TEAM NOMINATIONS CLOSE TUESDAY 19TH SEPTEMBER 2017

Positions fill quickly so get your team/s organised early to avoid disappointment.



SUMMER HOCKEY 2017 - Junior Team Registration (All fields MUST be completed)

Team Name: _____ (Please circle)
DIVISION: U9 / U11 / U13 / U17

Manager: _____ Email: _____

Mobile: _____

Uniform Colour: **Shorts/Skirts** _____ **Shirts** _____

Player's Name	D.O.B	Mobile Phone	Club Registered in 2017

PLEASE NOTE:

- Full team registration payment is due by c/card or cash on the first night of competition
- Any Player who is not currently registered with a hockey club will incur a \$30 insurance fee (complete next form)
- Registered club players are covered by insurance with Hockey QLD to December 31st 2017.

TEAM NOMINATIONS CLOSE TUESDAY 19TH SEPTEMBER 2017

Please note a confirmation email will be sent when registration is received, so please make sure you get this to know your team is in the draw.

PAYMENT DETAILS Cash Visa MasterCard (please tick)

Credit Card Holder Name: _____

Credit Card Number: _____

Expiry Date _____ / _____ CCV _____ (3 digit no)

Amount authorised: \$ _____ Cardholder's Signature _____

Please return completed registration form to: summer.hockey.kw@gmail.com



Kedron Wavell Services Hockey Club Inc.
(AFFILIATED WITH HOCKEY QUEENSLAND INC)
Member Insurance Form - 2017

Only for summer hockey players NOT registered with a Hockey Qld affiliated club in 2017

This form is to be completed, signed and dated by all members over 18 (or by a parent or guardian if under 18) and then submitted with team registration. The details contained herein are required for insurance purposes.			
PERSONAL DETAILS			
GIVEN NAME:	INITIAL:	SURNAME:	D.O.B
ADDRESS:			
SUBURB:		STATE:	POSTCODE:
PHONE – HOME:		PHONE - MOBILE:	
EMAIL:			

JUNIOR	I AM UNDER 18 AS AT 1 ST JANUARY OF THIS CURRENT YEAR <input type="checkbox"/>
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DECLARATION

I hereby acknowledge and agree by the rules and regulations of the Kedron Wavell Services Hockey Club Inc as set out in its Constitution, By Laws, handbook, etc.	
I hereby agree to abide by the competition rules of the Kedron Wavell Services Hockey Club Inc. Social summer hockey competition as detailed on the Kedron Wavell Services Hockey Club website www.kwhockey.com .	
..... Signature of Player or Parent/Guardian (if Under 18) Date
..... Name of Parent or Guardian who has signed above (Print) Relationship to Under 18 Player

OFFICE USE ONLY	FORM SIGNED: (Date)	INSURANCE PAYMENT VERIFICATION RECEIVED: (Signed by KWSHC Club Official)	TEAM:
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