Brisbane Hockey Association Inc.

(AFFILIATED WITH HOCKEY QUEENSLAND INC.)
BHA Inc ABN: 43 857 681 225

Member Registration Form

Men's Senior Turf, Grass & Veterans Teams Only

YEAR:
CLUB:
REG NO:

This form is to be completed, signed and dated by all members (or by a parent or guardian if under 18) and then submitted to the member's Club Secretary. The details contained on this form must then be submitted to the BHA Secretary/General Secretary before the member is eligible to participate in any BHA Fixture or Competition. The details contained herein are required for insurance purposes only.

PERSONAL & CONTACT DETAILS

P LEASE USE BLOCK LETTERS

GIVEN NAME:	INIT:	SURNAME:	D.O.B: / /
ADDRESS:			
SUBURB:		STATE:	POSTCODE:

TELEPHONE:	HOME:	MOBILE:
	WORK:	OCCUPATION:
EMAIL:		

OTHER DETAILS

PLEASE USE BLOCK LETTERS

CLEARANCE OBTAINED? [ ]	PREVIOUS CLUB/CENTRE:	Note: If this is your first season with the above club after having played with another club you are required to obtain a Clearance from the previous club & submit it to your new club.
JUNIOR? (Please tick only that which applies, if any)	I AM UNDER 17 AS AT 1st JAN OF THIS CURRENT YEAR: [ ]	I AM REGISTERED TO PLAY IN JUNIOR DIVISIONS: [ ]

DECLARATION

1. I hereby agree to abide by the rules of the Brisbane Hockey Association Inc (BHA) according to the BHA Rules, By-Laws, Competition Rules and policies.

2. For the purposes of Hockey Qld Inc registration and associated fees, I hereby register as a **Primary Member** of either:
(cross out whichever doesn't apply)

(a) BHA; **or**

(b) _____ Association
(this must be another Hockey Qld affiliated Association - in which case, a Hockey Qld Dual Registration form will need to be submitted to BHA for approval)

3. I wish to **be considered for selection** for the following Association in any Hockey Queensland Championship or Tournament:
(cross out whichever doesn't apply)

(a) BHA; **or**

(b) _____ Association * (Please note the conditions outlined below if this option is chosen).

*Conditions: (only in relation to Item 3 (b) above)

i. Players choosing this option must clearly demonstrate to BHA that they meet Hockey Queensland's eligibility requirements to play for the nominated Association.

ii. Players who have nominated for selection for a BHA Representative Team but who are not subsequently selected to represent BHA, will be eligible for selection by their nominated secondary Association (subject to Hockey Queensland's eligibility requirements AND satisfactory submission of a properly-signed Hockey Queensland Dual Registration form by the required date).

iii. When changing Clubs or Centres, a written Clearance from the previous Club must be provided to the new Club (as per Hockey Queensland's requirements).

…… ……/……/……
Signature of Player, Official, or Parent/Guardian (if Under 18) Date

…… ……
Name of Parent or Guardian who has signed above (Print) Relationship to Under 18 Player

The Secretary, Brisbane Hockey Association Inc, PO Box 503, MORNINGSIDE Q 4170
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