



ROCKY SKATE CLUB INC

INLINE HOCKEY

MEMBERSHIP APPLICATION/RENEWAL FORM

YEAR ENDING 31st DECEMBER 2008

PLAYER INFORMATION

NAME: DATE OF BIRTH:

ADDRESS:

PHONE NO: MOBILE NO:

EMAIL ADDRESS:

MEMBER OF OTHER INLINE HOCKEY CLUB? (NAME OF CLUB):.....

DOCTOR: PHONE NO:

ADDRESS:

IN CASE OF EMERGENCY CONTACT: PHONE NO:

I give permission for the free use of my name, voice or picture in any broadcast, telecast, advertising promotion or other account in relation to inline hockey and Rocky Skate Club Inc.
YES NO

I am interested in assisting with the following volunteer activities:

Coaching: YES NO Refereeing: YES NO Scoring: YES NO Timekeeping: YES NO

Other (sausage sizzles, moving barriers, etc): YES NO Committee member: YES NO

Sourcing grants: YES NO Sourcing sponsorships: YES NO

PARENT(S)/GUARDIAN INFORMATION (for players under 18 years of age)

NAME(S):

ADDRESS:

PHONE NO: MOBILE NO:

EMAIL ADDRESS:

I give permission for my son/daughter/ward to play in one division above/below his/her own age division or with/against players from one division above/below: YES NO

I give permission for the free use of my son's/daughter's/ward's name, voice or picture in any broadcast, telecast, advertising promotion or other account in relation to inline hockey and Rocky Skate Club Inc.
YES NO

I am interested in assisting with the following volunteer activities:

Coaching: YES NO Refereeing: YES NO Scoring: YES NO Timekeeping: YES NO

Other (sausage sizzles, moving barriers, etc): YES NO Committee member: YES NO

Sourcing grants: YES NO Sourcing sponsorships: YES NO

I would like free parent membership: YES NO (non-players)

Please turn to the second page of this application and complete the remainder of the form.

MEDICAL INFORMATION

(The following information is supplied in the strictest confidence and is only available to your coach and manager and the state director of coaching if requested.)

Do you suffer from any chronic disorder such as asthma, diabetes, epilepsy, or ADHD?

YES NO If yes, give details:

Give details of any medication you are taking on a regular basis.

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.....

List any operations or major medical disorders you have suffered from in the last 12 months.

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List any other matters relating to your health which may be relevant to your coach.

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PLAYER'S AGREEMENT, WAIVER, RELEASE & ACKNOWLEDGEMENT

1. I, whose signature appears below, in consideration of and as a condition of acceptance of my membership with Rocky Skate Club Inc, for myself, my heirs, executors and administrators hereby waive all and any claims, actions, causes of actions, debts or demands of any kind and nature whatsoever which I or they might otherwise have for or arising out of loss of my life or injury, damage or loss of any description whatsoever, which I may suffer or sustain in the course of or consequent upon my participation in any events or functions associated with Rocky Skate Club Inc.
2. I will abide by the rules and regulations as set out by Rocky Skate Club Inc. I acknowledge that all the terms and conditions relating to Skate Australia membership also apply to Rocky Skate Club membership.
3. This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in the promoting or staging of all events and functions carried out by Rocky Skate Club Inc and the servants, agents, representatives and officers of any of them and includes but is not limited to Rocky Skate Club Inc, Skate Queensland, Skate Australia, and other event sponsors and supporters.
4. I attest that I am physically fit for the rigours associated with playing inline hockey.
5. I consent to receive medical treatment which may be advisable in the event of illness or injuries suffered by me in the course of my participation in inline hockey events and associated functions.
6. Safety precautions undertaken by Rocky Skate Club officials or their designated delegates (such as setting of rules and actions to administer the rules) are a service to me and the other players but are not a guarantee of safety. I agree to abide by the conditions as stated above and as directed by any official or volunteer involved in the staging of events and functions.
7. I, the undersigned hereby acknowledge that I have read and fully understand the registration/liability release form in relation to my participation in Rocky Skate Club Inc's inline hockey program and associated events and functions.

SIGNED: DATE:

Declaration for minors (under 18) must be signed by Parent/Guardian

(print name here)

Privacy Note: All information collected on this form is used solely in the administration of Rocky Skate Club Inc and is not given to any third party except to Skate Queensland and Skate Australia for the administration of membership and participation in sanctioned competition.