



UWAHC SENIOR SUMMER HOCKEY 2018
THURSDAY NIGHT SENIOR SOCIAL COMPETITION
NOMINATION FORM

DETAILS:

WHAT? Thursday night 7-a-side Summer Hockey (Men's, Women's and Mixed social competition)

WHEN? Thursday 18th January 2018 to Thursday 22nd of February 2018 (Each game – two 20 minute halves)

COST? \$450 per team – this covers all weekly match fees, umpires and bar snacks for post game socializing! A deposit of \$100 is required to secure your nomination.

TIME? Games commencing at 6:30pm and going through until 9:00pm.

LOCATION: UWA Hockey Club BOTH turfs – we are planning to utilize both turfs at UWA Sports Park.

GENERAL:

- This is a SOCIAL competition. ALL levels of skill and experience are welcome and if you don't have a team, please let us know and we'll attempt to help you find one!
- Modified rules apply.
- WE ALSO WELCOME NEW PLAYERS FROM ALL CLUBS AND PROSPECTIVE CLUBS TO JOIN IN.

For queries or requests please contact Dom Hoad and Sarah Puglisi at womens@uwahockey.org.au

Team Registration: The attached Team Sheet and balance of nomination fee must be received by December 31st 2017.

Team Name: _____

Womens/Men's/Mixed: _____

Contact: (Name) _____ (Mobile) _____

(email) _____

Shirt Colour: Please **number** your preferences for shirt colour 1-11 and we will do our best to ensure that your choices will be taken into account. *First in best dressed.*

Red _____ Pink _____ Blue _____ Green _____ White _____ Black _____

Yellow _____ Orange _____ Purple _____ Brown _____ Stripes _____

Other (please specify) _____

Payment: Direct Debit = UWA Hockey Club BSB: 036 051 Account Number: 289611 – **please put your team name as the reference.**

This nomination form and payment confirmation should be sent by email to womens@uwahockey.org.au or post to PO Box 145, Floreat Forum, WA 6014.



The University of Western Australia Hockey Club Inc.
"The Super Turfs" – McGillivray Road Mount Claremont, 6010

Senior Social Hockey Form – Post Christmas Competition 2018

Team Name: _____ Contact: (name) _____
(Mobile) _____ (email) _____

Senior Social Hockey Team List

PLAYER NAME	MOBILE

I confirm that I am the authorised representative of _____ (name of team) and that I am authorised by each and all of the relevant individual(s) in my team to disclose to UWA Hockey Club the personal information of my team members (including myself) as may be reasonably required by the UWA Hockey Club for the purposes of (i) processing our registration for the summer hockey competition and (ii) thereafter maintaining or administering or furthering our relationships as participants of the summer hockey competition.

I acknowledge that each of the team agrees:

- That they are taking part in the summer hockey competition at their own risk and have each been informed of this; and
- Jointly and individually to indemnify and keep indemnified UWA Hockey Club, UWA Sport and the University of Western Australia and each of their employees, representatives and volunteers against all claims, losses, actions, damages, costs and expenses whatsoever made against or suffered or incurred by any of them in connection with their participation in the UWA Hockey Club's 2018 January to February summer hockey competition at UWA Sports Park Superturf or its immediate surrounds, including for personal injury, or death, or damage to any property.

Signature of authorised representative: _____

Name of authorised representative: _____

Date: _____

This registration form and balance of payment confirmation should be forwarded by email to womens@uwahockey.org.au or post to PO Box 145, Floreat Forum, WA 6014 by December 31st 2017.