

Dear

Congratulations on being selected to represent Central Coast Junior Hockey association.

You coach and Manager will keep you informed of your requirements for training, carnivals and the State Championships.

In previous years attending the State Championships has averaged between \$100 - \$150. As a representative you will be asked to fundraise to assist subside your costs.

Central Coast Hockey will provide you with a playing uniform (which requires no deposit). This will be given to you by your team manager before the carnivals and taken from you at the conclusion of the State Championships.

You will need to purchase socks from the ProShop. Please remember that you will be playing for 3 days at the State Championships, rain or shine and it is not always possible to wash and dry your socks.

You can also purchase a representative spray jacket or a track suit. Both are the same design so it does not matter which you prefer. Size Charts and Prices are available in the Pro shop. These items may need to be ordered so it is best to get in early.

We encourage you to purchase a team outfit as it certainly is great if we can all look like a team.

In addition we require the attached medical form and code of behaviour to be signed by all representatives. This information will assist the Managers and Coaches to know your personal requirements. This information is treated with the utmost confidence and all forms are destroyed at the conclusion of the State Championships.

Should you have any further questions please ask your Manager or Coach.

Enjoy your hockey

Chris Milne
President

Central Coast Junior Hockey

Surname _____ Given Names _____

Parents Names _____

Contact Numbers Home _____ Mobile _____
 Parents _____

MEDICAL INFORMATION

Medicare Number _____

Private Health Fund (if any) _____

Medical Practitioners	
Doctor:	Dentist:
Address:	Address:
Phone:	Phone:
Contactable all times:	Contactable all times:
Blood Information	
Blood group:	Do you object to transfusions:
Allergies	
Drugs (eg. Penicillin)	
Food (eg. Seafood)	
Insects (eg Bees)	
Health Conditions	
Anaemia	Epilepsy
Asthma/ Bronchitis	Heart Problems
Diabetes	
Fainting	Concussion
Hay Fever	Other
Severe Headaches	
Do you wear	
Glasses	Contacts
Have you sustained	
A fracture in the last three years	(if yes, where)
A dislocation	(if yes, where)
Joint pain from training	(if yes, where)

To the best of my knowledge, all information contained on this sheet is correct. I hereby give permission for the Manager or Coach or His/Her nominee to seek medical treatment for the above mentioned player should it be necessary

Persons under the age of 18 years must obtain signature of parent/guardian)

Signature _____ Name _____
 Relationship _____ Date _____