

CAIRNS HOCKEY ASSOCIATION INC

Email info@cairnshockey.com.au

DUAL REGISTRATION FORM



CLUB/TEAM CHA COMPETITION

MEMBER INFORMATION (*compulsary information)

*First Name:

*Surname:

* Date of Birth

*Gender:

Male

Female

Aboriginal/Torres Strait Islander: Yes

No

*Postal Address:

*Suburb:

*Postcode:

*Email Address:

*Phone Number:

*Are you registered with HQ Yes

No

* What Club and/or Association

I understand that my membership of Cairns Hockey Association Inc is conditional on my agreement to abide by the Rules and By-Laws of the Association at all times. I understand that I am liable for any such fees and subscriptions as are provided by these Rules and By-Laws and that I shall adhere to a code of conduct that does not bring the game of hockey, my club or the Association into disrepute.

I understand that the above details may be forwarded to a third party for the purposes of insurance and further registration with a parent body and to those organizations required by law. I also understand that information can be accessed under the Rules of the Association (Rule 12.03)

Signed:.....

Date:.....