



## MANING VALLEY HOCKEY ASSOCIATION

### PLAYER REPRESENTATIVE SELECTION /CONSENT APPLICATION FORM

(Please complete all sections in full)

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number :  
(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_

Championships Team Attending: \_\_\_\_\_

Team nominating for: \_\_\_\_\_

I hereby submit my application for consideration for selection in a Manning Valley Hockey Association Men's Open Representative Team. I/We have read and agree to abide by the Manning Valley Hockey Association's Players Code of Conduct as described in the Manning Valley Hockey Association Men's Representative Team Manuals Procedures. When completed this application can be posted to The Secretary Manning Valley Hockey Association Secretary PO Box 315 Taree or emailed to the [secretary@manningvalleyhockey.org.au](mailto:secretary@manningvalleyhockey.org.au)

I understand that if selected in the team I will be required to pay a non -refundable deposit as part of my financial commitment to the team when attending the championships.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Name of Parent/guardian if applicant is under the age of eighteen: \_\_\_\_\_

Signature of Parent/guardian if applicant is under the age of eighteen: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_