



MANNING VALLEY HOCKEY ASSOCIATION

Under 15 Boys State Tournament

28th to 30th May

Armidale

Information for our Manager and Coach

Date for action	Action	Completed Yes/No
6 weeks prior 9 th April 2021	REMINDER Check with Hockey NSW via their web page the Memo of Changes to State Championship documents which can be found online at www.hockeynsw.com.au and become familiar with the 2021 State Championship Operations Manual www.hockeynsw.com.au	
5 weeks prior 23rd April 2021	TO HOCKEY NSW Check 2021 Field State Championship Operations Manual (FSC 1) for umpiring requirements at each state championship (Section 5.8). A fine of \$1000 (inc GST) will be incurred by associations who fail to provide a non-playing umpire at a championship Pay Hockey NSW Invoice for team entry fees (\$625 non-refundable per team) and retain a proof of payment i.e. a receipt if Direct Deposited, an email from RevolutioniseSPORT or a copy of a cheque. The total entry fee will be \$1250.00 If paying online via a credit card please use the discount code SCN15 to receive \$15.00 of your nominations Submit Team Nomination Form online with RevolutioniseSPORT (https://www.hockeynsw.com.au/competitions/team-nominations/) and ensure it is complete with manager and umpire details for each team entering the specific state championships. Teams will not be accepted into the championships if this form is not complete, and proof of payment has not been received. Please note Registration for event closes at Sat 10 Apr 2021 9:00AM. Check Player numbers and place any requests for additional players or any available players seeking to play with another association team on the Hockey NSW PickUp Roster (see instructions in document FSC 12A).	
4 weeks prior 30 th May	REMINDER Check the Draw published online at www.hockeynsw.com.au or https://www.hockeynsw.com.au/games/ and follow the links to the State Championships page. Team withdrawals after this time incur a fine of \$275 including GST. Receive the notification of turf fees from Hockey NSW Check against Hockey NSW 2019 State Championship Operations Manual (SC 1). Ensure an Age Eligibility Waiver (SC 3) is signed by parents where required and submitted to your Association Executive/Manager who will then pass the waiver onto Hockey NSW. Check with all players about their wishes to nominate for state team selection. Submit Umpire details for each team through the Revolutionise survey.	
2 weeks prior 14 th May	TO HOCKEY NSW Submit Team Details for all players in each team, complete online in RevolutioniseSPORT (See the 2019 State Championships Registration Instruction Manual)	

	<p>Submit State Team NON Selection Form available through the Hockey NSW Website to be completed. Only required if you have players that do not wish to stand for selection</p> <p>Submit Player and Umpire Clearance Form (SC 14) to nathan.w@hockeynsw.com.au <i>Only required if players or umpires are playing for a different association acknowledging the Field State Championship Operation Manual.</i></p> <p>Liase with Association Treasurer to pay Hockey NSW Invoice for turf fees (within 7 days of invoice).</p> <p>Confirm Hockey NSW Invoice for turf fees. (within 7 days of invoice).</p> <p>Confirm availability of nominated umpire(s). If any changes are necessary, submit Amended Umpire Nomination Form (SC 5) online at www.hockeynsw.com.au.</p>	
16 th May	<p>REMINDER</p> <p>Prepare participation Declaration and Age Waivers/Mouthguard Waivers and Code of Conduct Forms</p>	
1 week prior 21 st May	<p>Check Team Detail Lists these can be changed online through the revolutioniseSPORT portal up to 24 hours prior to the championship. Any further changes must be communicated the Tournament Director at least 90 minutes prior to your teams for match at the Championships</p> <p>Check All team managers will need to download and familiarise themselves with the Managers Meeting paperwork which can be found on the Competitions Page on the Hockey NSW website.</p> <p>Submit Hockey NSW Participant Declaration Form Hockey NSW Participant Declaration Form has been completed, declaring that the following documents have been completed and signed by each participant and are in the Association's possession, an Association Executive needs to complete and send this form back</p> <p>➤ Mouthguard Waivers (FSC 8)</p> <p>➤ Code of Conduct Forms (FSC 6 & 7)</p> <p>The above individual forms do not need to be sent back to Hockey NSW, all forms are to go to the Association and an Association member needs to complete and submit the Hockey NSW Participant Declaration Form online through RevolutioniseSPORT. It is no longer a requirement for the association to send in copies of all completed forms to Hockey NSW nor send a copy to the State Championship as the completion of such forms has been affirmed by the associations' declaration</p> <p>Age Eligibility Waivers (SC 3) to nathan.w@hockeynsw.com.au</p> <p>A fine of \$550 (inc GST) will be incurred by associations who fail to attend a championship without providing official notice in writing of their withdrawal</p>	
At championships	<p>All team managers will need to download and familiarise themselves with the Managers Meeting paperwork which can be found on the Competitions Page on the Hockey NSW website.</p>	

Dear Manager

Thank you for accepting the position as Manager of the MVHA Under18 Girlss Representative Team for 2021. Please find above an outline of the due dates for forms to be submitted to HNSW. These forms can be submitted online at revolutioniseSPORT. We wish the team all the best for the tournament

BOM Manning Valley Hockey A

2021 Field State Championship Due Dates

CHAMPIONSHIP	CHAMPIONSHIP LOCATION	CHAMPIONSHIP DATE	TEAM NOMINATION FORM & PAYMENT DUE	TEAM DETAILS/ SELECTION DUE	PARTICIPATION DEC & AGE WAIVERS DUE & SEND OUT PLAYER COACH FORM
			5 WEEKS OUT	2 WEEKS OUT	1 WEEK OUT
U18 Boys	Wollongong	14-16 May	9th April	30th April	7th May
U18 Girls	Lismore/Ballina	21-23 May	16th April	7th May	14th May
U15 Boys	Armidale	28-30 May	23th April	14th May	21st May
Open Men	Moorebank	12-14 June	7th May	28th May	4th June
Open Women	Narellan	12-14 June	7th May	28th May	4th June
U15 Girls	Lithgow	18-20 June	14th May	4th June	11th June
U13 Girls	Grafton	1-4 July	28th May	18th June	25th June
U13 Boys	Parkes	8-11 July	4th June	25th June	2nd July
Women's Masters NORTH	Taree	23-25 July	14th May	2nd July	
Women's Masters SOUTH	Wagga Wagga	23-25 July	14th May	2nd July	



HOCKEY NSW STATE CHAMPIONSHIPS
AGE ELIGIBILITY WAIVER
DUE: ONE (1) week prior to the Championship

I..... [name] of[address]

hereby apply to participate in the Competition in the.....[age group]. My date of birth is [DOB].

In consideration of my application being accepted I **acknowledge and agree** that:

1. In this participant declaration: "**Claim**" means and includes any action, suit, proceeding, claim, demand, damage, cost or expense however arising including but not limited to negligence but does not include a claim against HOCKEY NSW under any right expressly conferred by its constitution or regulation; "**Competition**" means the hockey competition known as the NSW State Championships, owned and operated by HOCKEY NSW; "**HOCKEY NSW**" means Hockey NSW Limited and, where the context so permits, its respective directors, officers, members, servants or agents; "**Hockey Activities**" means performing or participating in any capacity in any authorised or recognised HOCKEY NSW activity; "**Hockey Organisations**" means HOCKEY NSW and any other related hockey organisation as advised from time to time which may include, but shall not be limited to, Hockey Australia Inc and the International Hockey Federation.
2. **If my application for participation is accepted**, which will be deemed to have occurred upon my participation in Hockey Activities, I acknowledge that I will be bound by and agree to comply with the rules, regulations and policies of HOCKEY NSW and any other Hockey Organisations that relate to the Competition.
3. **Warning:** Hockey Activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during Hockey Activities and that accidents can and often do happen which may result in me being injured or even killed, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in the Hockey Activities.
4. **Exclusion of Implied Terms:** I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods or services may be excluded. I acknowledge that these implied terms and rights and any liability of HOCKEY NSW flowing from them, are expressly excluded to the extent possible by law, by this participant declaration. To the extent of any liability arising, the liability of HOCKEY NSW will, at the discretion of HOCKEY NSW, be limited in the case of goods, to the replacement, repair or payment of the cost of replacing the goods and in the case of services, the resupply of the services or payment of the cost of having the services supplied again.
5. **Release and Indemnity:** In consideration of HOCKEY NSW accepting my application for participation, I, to the extent permitted by law:
 - (a) release and will release HOCKEY NSW from all Claims that I may have or may have had but for this release arising from or in connection with my participation in any Hockey Activities; and
 - (b) indemnify and will keep indemnified HOCKEY NSW in respect of any Claim by any person arising as a result of or in connection with my participation in any Hockey Activities.
6. **Fitness to Participate:** I declare that I am medically and physically fit and able to participate in the Hockey Activities. I will immediately notify HOCKEY NSW in writing of any change to my medical condition, fitness or ability to participate. I understand and accept that HOCKEY NSW will continue to rely upon this declaration as evidence of my fitness and ability to participate.
7. **Medical Treatment:** I consent to receiving any medical treatment that HOCKEY NSW reasonably considers necessary or desirable for me during my participation in Hockey Activities. I also agree to reimburse HOCKEY NSW for any costs or expenses incurred in providing me with medical treatment.
8. **Right to Use Image:** I acknowledge and consent to photographs and electronic images being taken of me during my participation in any Hockey Activities. I acknowledge and agree that such photographs and electronic images are owned by HOCKEY NSW and that it may use the photographs or electronic images for promotional or other purposes without my further consent being necessary. Further, I consent to HOCKEY NSW using my name, image, likeness and also my performance in the Hockey Activities, at any time, by any form of media, to promote the Hockey Activities.
9. **Privacy:** I understand that the information I have provided above is necessary for the objects of HOCKEY NSW. I acknowledge and agree that the information will be disclosed to HOCKEY NSW and will only be used for the objects of HOCKEY NSW, the general business of HOCKEY NSW, and to provide me with services. I understand that I will be able to



HOCKEY NSW STATE CHAMPIONSHIPS
AGE ELIGIBILITY WAIVER
DUE: ONE (1) week prior to the Championship

access the information through HOCKEY NSW. If the information is not provided, this application may be rejected. I acknowledge that HOCKEY NSW may also use my personal information for the purposes of providing me with promotional material from HOCKEY NSW sponsors or third parties. I may advise HOCKEY NSW if I do not wish to receive from HOCKEY NSW, any sponsor or third party promotional material.

10. **Severance:** If any provision of this participant declaration is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of that jurisdiction, if possible, so as to be valid and enforceable. If the phrase or clause cannot be so read down it will be severed to the extent of the invalidity or unenforceability. Such severance does not affect the remaining provisions of this participant declaration or affect the validity or enforceability of it in any other jurisdiction.
11. **I have provided the information required above and signed this declaration.** I warrant that all information provided is true and correct. I acknowledge this participant declaration cannot be amended. If I do amend it my application will be null and void. It cannot be accepted by HOCKEY NSW.

I have read, understood, acknowledge and agree to the above terms including the warning, exclusion of implied terms, release and indemnity. I also understand, acknowledge and agree to participate in the Competition in the age group indicated above, including if this heightens the inherent risk of the Hockey Activities.

Name: _____ Association: _____

Championship: _____ Team: _____

Signed: _____ Date: _____

Where the applicant is under 18 years of age this declaration must also be signed by the applicant's parent or legal guardian.

I,..... am **the parent or guardian** of the applicant. I authorise and consent to the applicant undertaking the Hockey Activities and, in particular, to participating in the Competition in the age group indicated above, including if this heightens the inherent risk of the Hockey Activities. In consideration of the applicant's participation in the Competition being accepted, I expressly agree to be responsible for the applicant's behaviour and agree to accept in my capacity as parent or guardian, the terms set out in this participant declaration, including the provision by me of a release and indemnity in the terms set out above. In addition, I agree to be bound by and to comply with I will be bound by and agree to comply with the rules, regulations and policies of HOCKEY NSW and any relevant Hockey Organisations that relate to the Competition.

Parent signature: _____ Parent name: _____ Date: _____

Witness signature: _____ Witness name: _____

Hockey Organisation

I am an authorised representative of [name of Hockey Organisation].

I declare that, on behalf of the Hockey Organisation named above, I have discussed the inherent risk of participating in the Hockey Activities with the participant and his/her parent/guardian. In particular, we have discussed that where the participant is participating in the Competition in an age group above where they might otherwise play, this may heighten the inherent risk of the Hockey Activities.

Authorised person's signature: _____

Authorised person's name: _____



HOCKEY NSW STATE CHAMPIONSHIPS MOUTHGUARD WAIVER

DUE: TWO (2) weeks prior to the Championship to your Association and then Hockey NSW is to receive the participation declaration form One (1) week prior to the Championship stating your Association is in possession of this document

PLAYER AGREEMENT

Exclusion of Liability for Damage to Team Member's Person or Property and Indemnity as a result of non wearing of mouthguard – Hockey NSW State Championships

I hereby accept there is an inherent and foreseeable risk of receiving a knock to the mouth or a ball striking my mouth in undertaking hockey activities. I acknowledge these risks are why Hockey NSW has a policy advocating the compulsory wearing of mouthguards. I accept and acknowledge my association supports the policy of Hockey NSW.

I hereby agree that Hockey NSW, its employees, umpires, technical officials and other volunteers shall not be nor be deemed responsible or liable whether in contract, or in tort or under statute, for any injury, illness or other mishap to me or my property sustained in, arising from or out of, or in any way directly or indirectly connected with any match, competition, practice, training or function of whatsoever nature held during the period of this Agreement or in any way directly or indirectly connected with the team or with any medical or scientific examinations, tests or treatments conducted on me during the period of this Agreement as a result of my non-compliance with the Hockey NSW safety rule relating to the compulsory wearing of mouthguards.

I hereby indemnify and will at all times hereafter well and sufficiently indemnify and keep fully indemnified Hockey NSW, its employees, umpires, technical officials and other volunteers from and against all actions, suits, causes of action, proceedings, claims, demands, costs and expenses whatsoever which may be taken or made against Hockey NSW, its employees, umpires, technical officials and other volunteers or incurred or become payable by Hockey NSW, its employees, umpires, technical officials and other volunteers in connection with, or arising out of any such injury, illness or mishap to me or my property arising from my non-compliance and/or refusal to wear a mouthguard.

Player Name: _____ Association: _____

Championship: _____ Dates: _____

Dated this _____ day of _____ 20 _____

(Player Signature)

(Parent/Guardian Signature if under 18)

(Team Manager Signature)

(Association Executive Signature)

(Witness Printed Name)

(Witness Signature)

(Witness Address)

Copy of medical certificate must be attached



Player Clearance Form

Player Clearance Forms must be signed prior to being returned to Hockey NSW.

Incomplete forms will not be accepted.

Completed forms are to be sent to championships@hockeynsw.com.au two (2) weeks prior to the Championship

By completing this form you have acknowledged understanding and acceptance of the *Field State Championship Operations Manual*, and in particular, **Section 6.2**.

The Applicant:

- The applicant is responsible for ensuring the form is signed by all relevant Associations (Home and Proposed Association).
- Incomplete forms will not be accepted.

The HOME and PROPOSED Associations:

- Should either HOME or PROPOSED Associations choose not to accept the application, they must immediately advise the Hockey NSW Competitions and Officiating Manager in writing, clearly stating the grounds of non-acceptance. The applicant must also be advised of this action by the non-consenting Association.
- A separate Player Clearance Form is required for each State Championship the applicant has applied for.

Hockey NSW

- Hockey NSW will advise relevant parties of a successful nomination by the way of email. Unsuccessful applicants will be advised by their association.

STATE CHAMPIONSHIP			
HOME ASSOCIATION		ORIGIN ASSOCIATION	

Players Details

NAME		SURNAME		DOB		STATE MEMBER ID	
CONTACT NUMBER				EMAIL			
SIGNATURE							

Home Association Details

NAME		POSITION HELD		PHONE	
EMAIL					
CLEARANCE APPROVED	YES	NO	SIGNATURE		

Proposed Association Details

NAME		POSITION HELD		PHONE	
EMAIL					
CLEARANCE APPROVED	YES	NO	SIGNATURE		

OFFICE USE ONLY

APPROVED:

HOCKEY NSW SIGNATURE:

ADVISED HOME:

NOT APPROVED:

ADVISED PROPOSED:



**Manning Valley Hockey Association
2021 Under 15 Boys Association Representative Team**

Team Uniform /equipment Register

Player's Name	Shirt Number	Size	Date Out	Date Returned
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

15.				
16.				

Comments: _____

- *It is strongly recommended that the Team Manager collect ALL uniform items from the players IMMEDIATELY after the last match, wash them and return to Brenda Meldrum within FIVE days of the last match. They may have to be used by other representative team.*



**Manning Valley Hockey Association
2021 Under 15 Boys Representative Team**

Championship Report for Association's 2021 Annual Report (To the Association Secretary)

Match 1. Date: ____/____/____ vs _____ Result: Win/Loss ____ goals to ____

Best Players: _____, _____, _____, _____

Match Highlights: _____

Goal Scorers: _____

Match 2. Date: ____/____/____ vs _____ Result: Win/Loss ____ goals to ____

Best Players: _____, _____, _____, _____

Match Highlights: _____

Goal Scorers: _____

Match 3. Date: ____/____/____ vs _____ Result: Win/Loss ____ goals to ____

Best Players: _____, _____, _____, _____

Match Highlights: _____

Goal Scorers: _____

Match 4. Date: ____/____/____ vs _____ Result: Win/Loss ____ goals to ____

Best Players: _____, _____, _____, _____

Match Highlights: _____

Goal Scorers: _____

Match 5. Date: ____/____/____ vs _____ Result: Win/Loss ____ goals to ____

Best Players: _____, _____, _____, _____

Match Highlights: _____

Goal Scorers: _____

Match 6. Date: ____/____/____ vs _____ Result: Win/Loss ____ goals to ____

Best Players: _____, _____, _____, _____

Match Highlights: _____

Team Photo/s