



# **RHA Players Agreement and Indemnity**

**Guide and Forms**



## **RHA Players Agreement and Indemnity**

### **Overview:**

- The Manager has overall responsibility at all times for the contingent and is the final authority whilst at Championships, Training and Pre Championship events.
- The Coach has overall responsibility at all times for coaching.
- The players first responsibility is to the team and it's well-being and must adhere to the wishes of the Manager and/or Coach as directed.
- Teams will be selected in accordance with the RHA selection Guidelines.
- Players are expected to participate in the true spirit of sportsmanship.
- The Player shall accompany the contingent for both forward and return travel and be accommodated with the contingent. Variations may be approved by the Rep Team Coordinator upon request in writing.

### **The Player shall:**

- Attend all training sessions, all representative matches in which the team participates and any and all official meetings. If the player is unable to attend training, a representative game or a meeting they are to advise the Coach or Manager with the reasons prior to the event.
- Wear the expected Uniform playing and travelling as directed by the Manager.
- Be informed regarding accommodation and travel arrangements. The player will travel with the contingent as advised. Accommodation and travel arrangements will be at the discretion of the RHA.
- Direct any grievances etc to the Manager.
- Agree to any reasonable requests made to them by the Manager (whilst off the field) and the Coach (while on the field).
- Complete and return all necessary forms within 7 days of receiving your invitation to join team.
- Pay necessary monies as requested upon receipt of RHA invoice. Failure to do so may preclude further participation in the team. Individual cases of genuine financial hardship will be given consideration and arrangements may be given to an extended regular payment plan.
- Conduct themselves in a fit and proper manner whilst representing RHA.

### **Consequences of breaking this agreement:**

- The Manager is authorised to determine suitable consequences for breaches of the above agreement. Some of potential consequences are listed below. If serious breaches occur, the Manager shall endeavour to liaise with the Rep Coordinator, or if unavailable, another Board member, to discuss possible options. Options may include:
  - Time off during the game (e.g. half a game on the sideline)
  - Whole game suspension
  - Sending player home at family's expense
  - Extra duties (e.g. washing clothes, cleaning gear, washing up duty etc)
  - Reduced freedom in non-playing time
  - Changed sleeping arrangements (e.g. on a mattress on the floor of the coach and manager's room).
- The above are examples. Other consequences may be considered, depending on circumstance. The consequence should match the offence.
- If players receive game suspension RHA may call a judiciary meeting when the team returns.

**Please sign the attached RHA Player Agreement and Indemnity Form, Parental Consent and Representative Registration Details form.**



## RHA Player Agreement and Indemnity Form

I hereby agree that as a member of Redlands Hockey Association Representative team that:

- I am bound by the Rules and Code of Conduct of this Association – refer to [www.redlandshockey.com.au](http://www.redlandshockey.com.au)
- I have read and understood the Player Guidelines and Procedures.
- I agree to participate in all training, competitions and events arranged for the team.
- I accept the authority and direction of the appointed team officials.
- I will pay any monies owing to the Association by the due date as advised.
- I agree to travel to and from such Championships or events by the means selected by the Association.
- I agree that the Association shall not be deemed responsible or liable in any way for any injury, illness, accident, misadventure or other mishap to me sustained in arising from, or out of, or in any way directly or indirectly connected with travelling, match practice, training, match or function of whatsoever nature resulting from or indirectly related to my membership of the team.
- In the event that I become physically or mentally incapable of making decisions related to my health, well being or welfare, I authorize the Association or any person authorized by the Association in his, her or their absolute discretion to obtain and engage the services of any hospital, medical practitioner, dentist or physiotherapist to examine and treat me, and to purchase any medical supplies or equipment deemed by such person or persons to be necessary for me and to authorize treatment including the supply to me of an anaesthetic, blood transfusion, or injection and I undertake to refund forthwith to the Association or to any such person or to any duly authorized person as required, all sums expended by them for such purposes.
- I hereby indemnify the Association against any action, suit, cause of action, demand or claim by me or by any other person or persons whatsoever, made in connection with or arising out of any such injury, illness, accident, misadventure, or other mishap to me and hereby (without in any way imposing or attaching any liability or obligation upon the Association to do so) appoint the Association as my agent to incur such expenses as is reasonably necessary for my benefit as aforesaid.
- I further agree that should I be guilty of any misconduct which in the opinion of the Association warrants my dismissal from the Team, and my immediate return to my home centre I will refund to the Association the full fare and any other travelling expenses incurred from my then present address to my home centre.

**I UNDERSTAND AND ACCEPT THE ABOVE MATTERS AND AGREE THAT THE ASSOCIATION WILL BE THE FINAL ARBITRATOR SHOULD ANY UNFORSEEN CIRCUMSTANCES ARISE.**

**NAME:**

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**SIGNATURE:**

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**DATE:**

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**Signature of Parent/Guardian:**

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**(Players Under 18 are required to have Parent/Guardian to counter-sign)**



## Parental Consent

I \_\_\_\_\_ give permission for my son/daughter

(Parents Name)

\_\_\_\_\_ to be a member of the \_\_\_\_\_ team.

(Child's Name)

(Team/Division)

I give permission for my son/daughter to participate in the 2015 Redland Hockey State Championship representative team trip and the range of activities it includes. I understand that while the RHA officials in charge will take all reasonable care of my son/daughter, they cannot necessarily be held responsible for any loss, damage or injury suffered by him/her arising during the trip. I give consent for him/her to undergo medical examination and emergency medical treatment which may be required. I confirm that the medical information sheet is to the best of my knowledge correct.

I understand that my child/ren may be photographed/filmed whilst participating in the 2015 State Championships and that these forms of media may be used for promotional purposes within Redlands Hockey or Hockey Qld and its associated associations. I give permission for my child/ren to be photographed or their images recorded for print or broadcast by media representatives who attend events at the State Championships.

I acknowledge that I and my son/daughter have read the code of conduct for players and agree to abide by them.

Parents Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Players Name: \_\_\_\_\_

Players Signature: \_\_\_\_\_

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



## REPRESENTATIVE REGISTRATION FORM

### Personal Details

Details of the child/youth. Please complete a separate form for each person.

First Name		Last Name	
Preferred Name		Date of Birth	
Address:			
Suburb		Post code	
Phone		Mobile	

Email address:

### Medical Details

Does your child have any of the following?

Allergies: eg bee stings, peanuts, penicillin	Yes / No
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If yes please provide details:

Dietary Requirements: eg lactose intolerant	Yes / No
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If yes please provide details:

Any other relevant medical conditions: (eg, asthma, epilepsy, anxiety, ADD, migraines, bedwetting)	Yes / No
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If yes please provide details:

If Asthma has it required hospitalisation in the past?	Yes / No
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If yes please provide details:

Are there any self administered medications that can be given?	Yes / No
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If yes please attach any instructions on the medication (i.e frequency and dosage).

Are Panadol/ Paracetamol allowed to be given?	Yes / No	Dosage required:
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Is sunscreen allowed to be applied to your child	Yes / No
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Medicare Number	
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Are you covered by private medical health insurance	Yes / No
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Insurance Providers Name	
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Policy Number	
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### Emergency contacts

	Contact no 1	Contact no 2	Contact no 3
Contact Name			
Relationship to child			
Business hours phone no			
After hours phone no			
Mobile phone no			

Signature of Parent/Guardian or your own (if over 18)

Name:	Signature:	Date:
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