***APPENDIX 1 Page 1 of 2***

**AARDWOLFS ICE HOCKEY CLUB *Membership Application***

**Please Circle: *New Membership Existing Member***

**Name: *(Please Print) \_\_\_\_* Date / /**

**Nick-name** (*if preferred*): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.B: / /19 Payment Method: Cheque Cash**

**(Valid for two year’s membership)**

**New Membership Fees Breakdown:** $10.00 Membership (1 years) + $10.00 Insurance = **Total $20.00**

**Existing / Renew Membership Fees Breakdown:** $20.00 Membership (2 years) = **Total $20.00**

**Cheque to be made out in New Zealand Dollars and to: Aardwolfs Ice Hockey Club**

**Please send to: Aardwolfs Ice Hockey Club, PO Box 19575, Woolston, Christchurch 8241,New Zealand.**

***Applying for Aardwolfs Team/s*:** Please circle as appropriate;one fee covers all teams.

****Associate, Premier, A-Grade, B-Grade, Masters** (men over 35 Y/O, woman over 30 Y/O)

***Playing Jersey Number or Associate Number*** :

***Current Contact details:***

**Home phone :**

**Mobile Phone :**

**Work phone (**if available**) :**

**Address:** No. Street :

Suburb :

Town : Post Code :

Country **:**

**E-mail Address (Please Print)** **:**

***Do you have a Current First Aid Certificate:*** Please circle **Yes No**

***Contact details for sending information after the season is finished or overseas  
same as* above. Tick *IF NO*** *Please Give Details*

**Home Address :   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home phone :**

***Contact Person to notify in case of an injury or an emergency:***

**Persons full Name :**

**Persons Phone Numbers :**

***Have you a Medical Condition or Allergy we should know about?*** Please circle yes **No**

**If Yes** Please give Details:

Treatment:

***See page 2***

***APPENDIX 2 Page 2 of 2***

**AARDWOLFS ICE HOCKEY CLUB *Membership Application***

*(The Fine Print……..Please Read Carefully)*

**Name: *(Please print)* Date / /**

***Collection of Personal Information In Relation to the Privacy Act.***The Aardwolfs Ice Hockey Club will record, hold and use your personnel information for the running of the Aardwolfs Ice Hockey Club. You are welcome to inspect and update your details at any time.

***Use of Personal Information In Relation to the Privacy Act. Please initial ONE of the FOLLOWING:***

**Option 1** I, the above named, consent to the use of my: name, picture and any associated information by the Aardwolfs Ice Hockey Club, their Sponsors or their Agents for Publicity Purposes. Please Initial

**Option 2** I the above named request that my contact information is kept private. However the club may use my image, my name and details supplied for use on the Aardwolfs website and phone list. Please Initial

**Option 3** I the above named request that my information is kept private. This includes Team and Club Photos and the details available on the Aardwolfs website. Please Initial

***The Aardwolfs Ice Hockey Club Safety Policy:***

The Aardwolfs Ice Hockey Club makes every effort to provide a safe environment for its members to enjoy Ice Hockey and Social Events

The Club requires that its members and any non members at an Aardwolfs event, either by action or inaction, do not endanger themselves, other Club members or the General Public.

***Declaration of Fitness:***

I declare that: I am in good health and sound physical condition and I am capable of competing in Ice Hockey Games, Social and Practice events run by the Aardwolfs Ice Hockey Club.

***Authority to Treat:***

I authorize an appointed Qualified First Aider, (appointed either by the Aardwolfs Ice Hockey Club or the appropriate event venue) to administer to me such emergency medical attention as they deem necessary in the treatment of injury, accident or illness.

***Awareness of the Hazards Associated with Playing Ice Hockey and Membership of the Aardwolfs Ice Hockey Club***:

I am Aware of the Hazards involved in competing in games of Ice Hockey and any associated events. These Hazards include but are not limited to the condition of: my and other competitor’s equipment, the events venue, the hard slippery ice surface, the Puck, the actions of other competitors, spectators, event venue staff, referees and other Aardwolfs Club Members.

In my judgment I have sufficient competence and experience to participate in these events safely.

***Waive; Release and Discharge from Liability:***

On behalf of myself, my agents, administrators, heirs, next of kin, successors and assignees;

I Waive, Release and Discharge from any and all liability for death, disability, personal injury, property damage, property theft, and all other risks or claims or actions of any kind (including negligence) whatever and however occurring to me, as a result or in connection with directly or indirectly, my participation in, my traveling to and from any Aardwolfs Ice Hockey Club event, the following people or entities: The Aardwolfs Ice Hockey Club, their agents, their officers, members, associate members and the families of members and associate members of the Aardwolfs Ice Hockey Club.

**I agree to the ABOVE DECLARATIONS AND WAIVE and that I will abide by the Constitution,**

**By-Laws and Rules of the Aardwolfs Ice Hockey Club**

**Signature: Date:**

Aardwolfs Ice Hockey Club © 2014 Use Only:   
Email List: (G) (K) Medical: MYOB Card File: MYOB Fees: Practice List: Filed: .

Fees Paid $ .00. Receipt No# Dated: .