

Player and Umpire 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 *Field State Championship Operation Manual, Section 6.2.*

The Applicant:

- The applicant is responsible for making the initial request to the relevant Primary Association.
- Upon approval from the Primary Association, the applicant is responsible for making application to the relevant Secondary Association.

The Primary & Secondary Associations:

- Should either Primary or Secondary Associations choose not to accept the application, they must immediately advise the Hockey NSW Events team in writing, clearly stating the grounds of non-acceptance. The applicant must also be advised of this action by the non-consenting Association.
- Dual Registration is valid only for the 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 | | | | | |
| PRIMARY ASSOCIATION | | | | SECONDARY ASSOCIATION | |
| | | | | | |
| PLAYERS DETAILS | | | | | |
| NAME | | SURNAME | | DOB | NATIONAL ID # |
| CONTACT NUMBER | | | | EMAIL | |
| | | | | | |
| PRIMARY ASSOCIATION DETAILS | | | | | |
| NAME | | | POSITION HELD | | PHONE |
| EMAIL | | | | | |
| CLEARANCE APPROVED | YES | NO | SIGNATURE | | |
| | | | | | |
| SECONDARY ASSOCIATION DETAILS | | | | | |
| NAME | | | POSITION HELD | | PHONE |
| EMAIL | | | | | |
| CLEARANCE APPROVED | YES | NO | SIGNATURE | | |

Return completed form to: championships@hockeynsw.com.au

| OFFICE USE ONLY | | |
|--------------------------|----------------|--------------------|
| APPROVED: / / 2015 | HNSW Signature | ADVISED PRIMARY: |
| NOT APPROVED: : / / 2015 | | ADVISED SECONDARY: |