



MIXED HOCKEY INFORMATION SHEET

- DATE:** Sunday 24th October 2021
- VENUE:** Abbotsholme School, Rocester, Staffordshire, ST14 5BS
- BOOKING IN TIME:** 10am
- COMPETITION WILL COMMENCE:** 10.30am
- UMPIRE:** TBC
- STEWARDS:** Amy Boothby, Sam Fowell, Toby Hall, Phil Wilson
- COSTS:** The cost per team will be £25 and this will be invoiced direct to treasurers for payment from the club accounts.

IMPORTANT - PLEASE NOTE:

- ❖ Members must be joined (form into the office) no later than Wednesday 20th October, 3.30pm
- ❖ Any club who withdraws within 7 days of the competition will receive a £10 fine and -6 points
- ❖ Any members aged 16 – 17 years must bring a completed permission slip on the morning
- ❖ All members taking part must bring a current membership card (2021-22) containing their photo
- ❖ Don't forget goalkeeper hockey kit, sticks and ball. Due to covid, kits must NOT be shared.

Covid Responsibility:

- 🧑‍🤝‍🧑 All those taking part in this competition including stewards and umpires are asked to take a lateral flow test on the morning and only attend if you have a negative result
- 🧑‍🤝‍🧑 Anyone taking part is asked not attend if you have any covid symptoms

Please note the following conditions set by the NFU Insurance:

- ❖ Must be Umpired by an Umpire registered with the England Hockey Association (EHA) or the Welsh Hockey Association (WHA). Umpires to carry own Public Liability Insurance with these Associations.
- ❖ Competitors must be suitably dressed with hockey boots and the goalkeeper must wear full kit including face mask and shin pads as specified in HA rules.
- ❖ The use of a gum shield is recommended.
- ❖ **Players must be 13 and over on the 1st January for adult matches and players should be of a similar skill level- this must be judged by umpires.**

RULES: Mixed Hockey - Sunday 24th October 2021. SCFYFC rules. Team members to be 28 or under on 1.09.21.****

Note age range of 13 and over on 1st January as above**** A team of 9 players, from which 7 will be chosen to play, with 2 substitutes. No more than 4 players of the same sex may play at one time. Teams are eligible to have one associate member. **Teams must provide their own ball, hockey sticks, and goalkeeper's kit.** Any member playing in goal must wear full protective clothing including facemask. Scoring System: Each Club to receive 3 points for a win, 2 points for a score draw, 1 point for a no score draw. If Clubs tie, then the goal difference would be taken into consideration. Please note that Clubs may enter 2 teams if they wish, but they must notify the County Office, and also points will only be awarded to the highest placed team. Two teams from the same Club may not go forward to the Semi-Final; it will be the responsibility of the teams to decide which team goes through. Umpires/Stewards have the right to remove a player from the squad that is deemed to be at risk or a risk due to competency of play or other players.

Contact details on the day: Amy Boothby (County Chairlady) on 07803 306009 or Competitions Chairman, Phil Wilson on 07415 105355 or Sam Fowell on 07581 729584



TEAR HERE (PARENT RETAIN ABOVE)

Section 2 – Member Details (This section should be completed, signed by parent/guardian and returned to the event organiser)

Member Name:	
Club Name:	
Event Name:	HOCKEY COMPETITION
Event Date:	24 TH OCTOBER 2021
Transport Arrangements:	
Additional information for the event organiser to be aware of? <i>(please detail any current medical or other needs)</i>	
EMERGENCY CONTACTS	
Name: (Parent/Guardian)	Tel (home): Tel (work): Mobile:
Name: (Parent/Guardian)	Tel (home): Tel (work): Mobile:

I have noted the information and give permission for my child to participate in the above event. I also confirm that the information provided on the Annual parental consent form is current and correct unless updated above.

Signed _____ Date _____

Section 3 – Details of the adult nominated by the parents/guardian to supervise the member named overleaf

(This section to be completed by the supervising adult or the YFC/County Federation if the officer team are the supervising members)

Name of person to supervise under 18 member:	
Membership number (if applicable):	
County Federation (if applicable):	STAFFORDSHIRE
Mobile telephone number:	
Relationship to under 18 year old member: Please specify: friend, family member, etc.	
As the named individual with responsibility for supervising the underage member, I agree to co-operate with Staffordshire County Federation during any accident investigation relating to the individual YFC member I am supervising.	
Signature of supervising member:	
Date:	

PERMISSION SLIP TO BE BROUGHT TO THE COMPETITION AND GIVEN TO THE BOOKING IN STEWARDS AT THE COMPETITION

