



# PLAYER CLEARANCE FORM

This clearance does not prove player eligibility under the Hockey WA Rules

PLAYER DETAILS				
FULL NAME:				
ADDRESS:				
		POSTCODE:		
DATE OF BIRTH:		CONTACT NO.:		
EMAIL:				

CLEARANCE APPLICATION	
I hereby apply for a clearance FROM the _____ Hockey Club.	
to be a registered player of the _____ Hockey Club.	

	/ /
SIGNATURE OF APPLICANT	DATE

Please refer to Hockey WA Affiliation By-Law 12 for registrations/clearance details.

Forward via fax to 9458 5524 or email to [admin@hockeywa.org.au](mailto:admin@hockeywa.org.au)

Office Use Only:
Date Received:    /    /      Date Uploaded to Hockey Net:    /    /      Initial:

**HockeyWA will send both the new and old club confirmation that this clearance has been approved via email**