Membership form – U18’s

All information will be kept securely and only accessed by the Youth co-ordinator, authorised Club officials and Junior hockey section coaches. Information will be used to keep you informed the junior section and the club events and to contact you in the event of an accident or incident.

**CONTACT INFORMATION**

**Member**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | | |
| **Surname** |  | | |
| **Address** |  | | |
|  |  | **Date of birth** |  |
| **Postcode** |  | **School** |  |

**Parent/Guardian**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Home Phone** |  | **Mobile Phone** |  |
| **Email** |  | **Relationship** |  |

**Medical Information & Consent** (to be completed by parent or guardian)

Please complete the medical information below which will be used in case of an emergency.

**Secondary emergency contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Relationship** |  |
| **Home Phone** |  | **Mobile Phone** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **GP’s Name** |  | **Phone Number** |  |
| **Surgery Address** |  | | |

If your child has any health, faith, cultural or dietary needs (including allergies, regular medication and/or long-term illnesses or injuries etc) that are relevant, please provide details including any additional information their Coaches may need to know.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Declaration**: I consider my son/daughter\* to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that my son/daughter is injured I give my permission for the coaches to obtain emergency medical treatment on my behalf. | | | | | |
| **Signed** |  | **Date** |  | **Relationship** |  |

**Under 18 Member Consent (\*\*To Be Completed By Parent/Guardian\*\*)**

It is a requirement that parental consent is provided for participation, transportation and photography.

Please delete as appropriate where indicated by then sign and date at the bottom.

**Transportation**: I consent to my son/daughter travelling to venues for matches and training by transport provided by the club which may include travelling in other players’ private cars.

**Photography**: In some environments, particularly junior tournaments and competitions it is impossible to control photography by external parties, however, we are aware that there maybe times that photographs and/or footage may be taken during matches by another hockey club and that such images shall only be used for publicity/training purposes in accordance with the another clubs safeguarding and protecting young people policies and I give consent for my son/ daughter to feature in such photos/ images.

I hereby only grant approved agents the right to use the images resulting from the photo/film shoots, this includes any reproductions or adaptations of the images for all general purposes ie local newspapers, local magazines, other promotional articles (inc. flyers) and the club’s website and our junior newsletter.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed** |  | **Date** |  | **Relationship** |  |

I confirm that the information on this form remains accurate and up to date for the 2018-2019 season.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed** |  | **Date** |  | **Relationship** |  |

I confirm that the information on this form remains accurate and up to date for the 2019-2020 season.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed** |  | **Date** |  | **Relationship** |  |