

PLAYER REGISTRATION / PARENTAL CONSENT FORM

Rotherham Youth Hockey actively promotes a Child Protection and Welfare Policy. An integral part of this initiative relies upon parental co-operation and the provision of detailed information about our membership. Please help us to safeguard your child's welfare by completing this form. This is a condition of membership.

Name:..... DOB:...../...../.....

Address:.....

.....

Post Code:..... Tel. No:.....

E-Mail Address:.....

Second Emergency Telephone No:..... Mobile.....

Name and address of G.P:.....

School or College:..... Male / Female.....

If your child suffers from any illness or condition that you feel is necessary for us to be aware of, then please use this form to list full details together with details of any medication or dietary requirements. **Please note this information will be treated in the strictest confidence and in the event of an injury, illness or at your child's request we will make every effort to contact you immediately.**

DECLARATION

I am pleased to allow my son/daughter* to participate in field hockey fixtures, coaching and training sessions. I consider my son/daughter* to be physically fit and capable of full participation, but in the event that he/she should be injured when I am not present, I give my permission for the team manager or coach appointed by Rotherham Youth Hockey, to obtain emergency medical treatment on his/her* behalf, which may include the use of anesthetics in hospital.

Does your son/daughter* have any allergies? Please state below.	YES/NO*
Does your son/daughter* need any regular medication or treatment? Please give details.	YES/NO*
When was the last time that your son/daughter* was vaccinated against Tetanus?	
I will inform the team manager of any changes to the details given above.	YES/NO*
I consent to Rotherham Youth Hockey processing and storing personal information for the purpose of administration and monitoring purposes.	YES/NO*
I consent to Rotherham Youth Hockey's appointed representatives taking photos or videos of my son/daughter for promotional and coaching purposes only.	YES /NO*
Signed: _____	(Parent/Guardian*) Date: _____
* Delete as appropriate.	

