

CLUB MEMBERSHIP FORM

Club Name:	Chard Hockey Club
Website address:	www.chardhockeyclub.co.uk

All prospective members of Chard Hockey Club are required to complete this registration form and return it with payment prior to selection for the league season. All details will be kept in a secure database with access restricted to authorised officers only.

2011/12 Membership: Deadline for payment is the 31st October 2011. Please contact your coach or captain if you have difficulty paying but would still like to play.

PLEASE CAN ALL PLAYERS, PARENTS, COACHES AND SUPPORTERS GO TO THE WEBSITE (WWW.CHARDHOCKEYCLUB.CO.UK) AND SIGN UP.

SECTION ONE: Member Contact Details

Title:	Surname:	First Name(s):

Date of birth:

Home address:
POSTCODE:

Home phone number:	Mobile phone number:	Email address:

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SECTION TWO: Membership type

Member Type	Description	Fee	Please Tick
Senior	Full Senior Membership (Match Fee = £8)	£60	
Youth/Student	Full time students and U18s playing Senior Matches (Match Fee = £5)	£40	
Junior	The Junior fee includes all Junior sessions for the 2011/12 season. (Alternatively can be paid in two instalments of £25)	£40	
Partners	Two full senior memberships.	£90	
Family	One senior membership and one junior membership.	£80	

SECTION THREE: Member Information

STUDENTS – What school/college or university do you attend?	
NON-STUDENTS – What is your occupation?	
Would you be interested in learning to coach and/or umpire? (Please state)	
Would you be interested in being a team manager or officer? (Please state)	
What skills do you have that could help develop Chard Hockey Club? (e.g. web design, accounting, printing, first aid)	

SECTION FOUR: Medical Information and Consent

(To be completed by PARENT or LEGAL GUARDIAN if under 18)

In case of emergency and as part of Chard Hockey Clubs responsibility to its membership, ALL members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised officers only.

Next of kin:	Relationship:	Mobile phone:

Doctor's name:	Surgery:	Doctor's phone number:



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As far as you are aware, are you allergic to any medication? (Please state)	
Are you taking any regular medication? If so, for what reason?	
Do you have any long term illnesses or injuries?	

DECLARATION: I consider [myself/my son/daughter]* to be physically fit and capable of full participation and agree to notify Chard Hockey Club of any changes to the medical information provided. Furthermore, in the event of injury I give my permission (for myself/my son/daughter)* for the team managers/coaches appointed by Chard Hockey Club to obtain emergency medical treatment.

Signed:	Date:	Relationship:

SECTION FIVE: Under 18 member consent (to be completed by PARENT or LEGAL GUARDIAN)

It is a requirement of Chard Hockey Club that parental/legal guardian consent is provided for participation, transportation and photography. The Chard Hockey Club Members Code of Conduct and Safeguarding and Protecting Young People Policy are available upon request. Please delete as appropriate where indicated by a * then sign and date at the bottom.

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

PHOTOGRAPHY: In some environments, particularly adult competition it is impossible to control photography by external parties. However, I am aware that there may be times that photographs and/or footage may be taken during matches and training sessions by approved agents and/or officers of Chard Hockey Club. Such images shall only be used for publicity/training purposes in accordance with Chard Hockey Clubs Safeguarding and Protecting Young People Policy and Photography Policy 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, e.g. local newspapers, local magazines, other promotional articles (including flyers) and the club's website.

Signed:	Date:	Relationship:

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SECTION SIX: Ethnicity and disability

Information in this section is optional and will be used for development purposes only

Ethnicity of club members

Please tick the box that best describes your ethnicity

	TICK		TICK
White British	<input type="checkbox"/>	Asian or Asian British – Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian or Asian British – Other	<input type="checkbox"/>
Mixed – White and Black Caribbean	<input type="checkbox"/>	Black or Black British – Caribbean	<input type="checkbox"/>
Mixed – White and Black African	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Black or Black British – Other	<input type="checkbox"/>
Mixed – Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

	TICK		TICK
Deaf	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Visually Impaired	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Hearing Impaired	<input type="checkbox"/>	Multiple disability	<input type="checkbox"/>

Please add any additional relevant information:

PLEASE RETURN THIS FORM AND PAYMENT TO YOUR COACH OR CAPTAIN.
CHEQUES MUST BE MADE PAYABLE TO CHARD HOCKEY CLUB.