

Louth Hockey Club Member Registration Form

Treasurer: Mrs V. Chamberlin, Crepe Mier Farm, North Willingham, Market Rasen, Lincs, LN8 9RW
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 Club website www.louthhockeyclub.co.uk
 More info: www.clubbz.co.uk



PLEASE
ATTACH
PHOTO
HERE

All prospective members of Louth 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 club officers only.

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	Mr/Mrs/Miss/Ms (Please circle)		
FULL NAME			
ADDRESS 1		DATE OF BIRTH	
ADDRESS 2		HOME PHONE	
TOWN		MOBILE PHONE	
POST CODE		EMAIL	

Preferred Playing Position:

1 st Choice	
2 nd Choice	

2014/15 MEMBERSHIP

DEADLINE FOR PAYMENT IS 31/10/14

**PLEASE NOTE:
FROM THE 1st NOVEMBER NON-MEMBERS WILL NOT BE ALLOWED TO PLAY CLUB MATCHES OR ATTEND TRAINING**

SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	Please Tick
SENIOR	Lady 18 yrs & over	£60	
	Man 18 yrs & over	£60	
YOUTH	17yrs & under (Girls playing in Ladies/Mixed teams)	£45	
	17yrs & under (Youths playing in Men's/Mixed teams)	£45	
ASSOCIATE & JUNIOR	Senior & Junior Associate Playing - to be increased after playing 5 senior games by increments of £10	£30	
	Juniors Monday (6.30 -7.30pm) Group Training only	£20	

SECTION 3: MEMBER INFORMATION

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

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 club officer? (Please state)
What skills do you have that could help develop the club? (e.g. web design, accounting, printing, planning, sponsorship, etc)

SECTION 4: MEDICAL INFORMATION & CONSENT

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

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

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

NEXT OF KIN		RELATIONSHIP		MOBILE PHONE	
DOCTORS NAME		SURGERY		PHONE	
As far as you are aware, are you allergic to any drugs? (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 the club of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission (for my son/daughter)* for the team managers/coaches appointed by Louth HC to obtain emergency medical treatment on my behalf.					
SIGNED		DATE		(RELATIONSHIP)	

SECTION 5: UNDER 18 MEMBER CONSENT (**TO BE COMPLETED BY PARENT/GUARDIAN**)

It is a requirement of club policy that parental consent is provided for participation, transportation and photography. The Louth HC members Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy are available in the club handbook and on the Club website

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 by 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 maybe times that photographs and/or footage maybe taken during matches and training sessions by approved agents and/or officers of Louth HC. Such images shall only be used for publicity/training purposes in accordance with the Louth HC Safeguarding and Protecting Young People in Hockey Policy and Photography Policy and 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.

SIGNED	DATE	RELATIONSHIP
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SECTION 6: ETHNICITY & DISABILITY

Whilst it is not compulsory for the following sections to be completed, the paragraph below explains why this personal information is considered to be important.

Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have existed within sport particularly in relation to gender, race and disability. Sport England and England Hockey are committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of people in sports clubs, national governing bodies of sport and Sport England can identify any issues relating to under representation of different groups and can develop strategies to ensure that all people have the opportunity in the future to develop and progress in sport.

England Hockey requests this data from clubs as part of the annual affiliation process and completing this data accurately enables the club to give an accurate picture to England Hockey on our membership.

PLEASE TICK THE BOX THAT BEST DESCRIBES YOUR ETHNICITY

ETHNICITY OF CLUB MEMBERS

	TICK BOX		TICK BOX
White British		Asian or Asian British - Pakistani	
White Irish		Asian or Asian British - Bangladeshi	
White Other		Asian or Asian British – Other	
Mixed – White and Black Caribbean		Black or Black British – Caribbean	
Mixed – White and Black African		Black or Black British – African	
Mixed – White and Asian		Black or Black British – Other	
Mixed – Other		Chinese	
Asian or Asian British - Indian		Other Ethnic Group	

PLEASE TICK TO INDICATE ANY LEARNING OR PHYSICAL DISABILITIES

DISABILITY

	TICK BOX
Deaf	
Visually impaired	
Hearing impaired	
Physical disability	
Learning disability	
Multiple disability	

Please add any additional relevant information:

To ensure that we have the correct contact details for you, please complete the information requested above and return the form to the Club Treasurer, either at a training session, or at the address above. This information will be used to keep you informed about Club events and to contact you in the event of an accident or incident. Some of the information is required to comply with the England Hockey Equity Policy, which has been adopted by the Club.