



## JUNIOR MEMBERSHIP FORM - Valid for season 2017/18

To be completed on behalf of all juniors (U18s) prior to participation

### Member Details

Player Surname:	Player First Name:
Date of Birth:	Male: <input type="checkbox"/> Female: <input type="checkbox"/> (Please tick)

### Parent/Guardian Contact details:

Surname:	First Name:
Home Address:	
Postcode:	

(IMPORTANT - Please ensure that contact numbers and email address given are those of parent/guardian, NOT player)

Daytime phone number:	Evening phone number:
-----------------------	-----------------------

Email address (please print clearly)
--------------------------------------

School attended:
------------------

### Membership type

Junior membership fee £20.00 plus £2.50 each week coaching subs	<input type="checkbox"/>	(please tick your chosen option)
OR Junior membership including all coaching subs @ £60.00	<input type="checkbox"/>	

(Where applicable match fees are payable separately, and a passport sized photograph may be required by your team captain/manager)

Payment with this form by cheque or cash,  
or by BACS quoting players name to: Sort code 08-92-99 Acc no. 65374409

### FOR OFFICE USE ONLY:

Date form completed:	<input type="text"/>	Payment due: £	<input type="text"/>
----------------------	----------------------	----------------	----------------------

Paid CASH/CHEQUE No/BACS	<input type="text"/>
--------------------------	----------------------

(Delete as appropriate)

## Medical Information and Consent (to be completed by PARENT or LEGAL GUARDIAN)

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

Next of kin:	Relationship:	Mobile phone:

Doctors Name:	Surgery:	Doctor's phone number:

As far as you are aware, is the applicant allergic to any medication? (Please give details)	
--	--

Is the applicant taking any regular medication? (If yes, please give details)	
Does the applicant have any long term illness or injury? (Please give details)	

DECLARATION: I consider my son/daughter\* (please delete as appropriate) to be physically fit and capable of full participation and hereby agree to notify WEST BRIDGFORD HOCKEY CLUB of any changes to the medical information provided. Furthermore, in the event of injury I give permission for managers/coaches appointed by WEST BRIDGFORD HOCKEY CLUB to obtain any emergency medical treatment that might be required.

## Junior (U18) member consent (to be completed by PARENT or LEGAL GUARDIAN)

It is a requirement of WEST BRIDGFORD HOCKEY CLUB policy that parent/legal guardian consent is provided for participation, transportation and photography. The WEST BRIDGFORD HOCKEY CLUB Members Code of Conduct and Safeguarding and Protecting Young People Policy are available on request.

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 in 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 WEST BRIDGFORD HOCKEY CLUB. Such images shall only be used for publicity/training purposes in accordance with the WEST BRIDGFORD HOCKEY CLUB Safeguarding and Protecting Young People Policy and Photography Policy, and I give my consent for my son/daughter\* to feature in such photos/images. I hereby grant approved agents the right to use the images resulting from these photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes, e.g. for inclusion in local newspapers, local magazines, other promotional articles (including flyers) and on the club's website.

Please read carefully and delete as appropriate where indicated by\* above before signing and dating this declaration.

Signed:	Date:	Relationship to applicant: