



# GOLBORNE HC MEMBER REGISTRATION FORM

All prospective members of Golborne 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

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

## SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	Please Tick
<b>SENIOR</b>	Full Senior Membership (Match Fee = £6)	£50	
<b>YOUTH / STUDENT</b>	Full time students and U18s playing Senior Club Matches (Match Fee = £3)	£25	
<b>JUNIOR</b>	The Junior fee includes membership and all Junior Sunday training sessions only, Senior matches and additional training incurs an extra charge	£15	
<b>SOCIAL</b>	For friends & volunteers of the Club O18	£20	
<b>SOCIAL</b>	For friends & volunteers of the Club U18	£10	

**2016/17 MEMBERSHIP**

**DEADLINE FOR PAYMENT IS 30 September 2016 AFTER- WHICH AN ADDITIONAL ADMIN FEE MAY BE DUE.**

**PLEASE NOTE: FROM THE 14<sup>th</sup> OCTOBER NON-MEMBERS WILL NOT BE ALLOWED TO PLAY CLUB MATCHES**

## 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.

<b>NEXT OF KIN</b>		<b>RELATIONSHIP</b>		<b>MOBILE PHONE</b>	
<b>DOCTORS NAME</b>		<b>SURGERY</b>		<b>PHONE</b>	
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 Golborne HC to obtain emergency medical treatment on my behalf.					
<b>SIGNED</b>		<b>DATE</b>		<b>(RELATIONSHIP)</b>	

PLEASE TURN OVER;

**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 Golborne HC members Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy are available in the club handbook.

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 Golborne HC. Such images shall only be used for publicity/training purposes in accordance with the Golborne 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
--------	------	--------------

**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 Mr Paul Yates. 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.