

OXTED HOCKEY CLUB ADULT REGISTRATION FORM 2017/18



c/o Kate Cowlard, 10 Loxford Road, Caterham, Surrey CR3 6BH
 email: katecowlard@aol.com website: www.oxtedhockeyclub.com

All members of Oxted Hockey Club are required to complete this registration form and return it with payment to Kate Cowlard at the above address. All details will be kept in a secure database with access restricted to authorised club officers only.

SECTION 1 : MEMBER CONTACT INFORMATION

NAME		GENDER	Male/Female
ADDRESS 1		AGE GROUP	16-21/22-34/35-49/50+
ADDRESS 2		HOME PHONE	
TOWN		MOBILE PHONE	
POST CODE		EMAIL	

SECTION 2: MEMBERSHIP TYPE—SUBS ONLY **Fees increase by £30 if full payment not received by 31.10.15

MEMBER TYPE	DESCRIPTION	ANNUAL SUBSCRIPTION	Please Tick
Senior	Adult	£200	
	Family Rate Adult*	£180*	
	Social/Umpires/Goalkeeper**	£10**	
Student	Full Time Student	£120	
	Family Rate Student	£110	
Financial Hardship Concession	Only after approval from Treasurer	£100	

* Family Rate 10% reduction, for two or more family members, living in the same house ** Goalkeepers who buy and maintain their own kit pay social rate

Match fees are £10 per game, apart from full time students and concessions who pay £5 per game.

We offer an 'All in' option which covers your subs and match fees for all games for the entire season. This had the added benefit of being payable in instalments and is of great assistance to the club.

MEMBER TYPE	DESCRIPTION	ANNUAL SUBSCRIPTION	Please Tick
Senior	Adult	£350	
	Family Rate Adult	£330	
	Social/Umpires/Goalkeeper	£160	
Student	Full Time Student	£175	
	Family Rate Student	£165	
Instalments	The above can be paid in 5 equal monthly payments	5 x £70/ 5 x £66/ 5 x £32 5 x £35 / 5 x £33	

Membership fees are due by 31st October 2017.

Please pay online to Oxted Hockey Club : Sort Code: **60-16-09** A/C Number: **71549927**

PLEASE MAKE SURE YOU ADD YOUR NAME AS REFERENCE.

If you pay online please still take the time to complete this form advising that you have paid via this method and drop an email note to Kate at katecowlard@aol.com confirming how much you have paid and for what membership class.

If you are unable to pay online, make cheques payable to 'Oxted Hockey Club' and write the name of the player(s) you are paying for on the reverse. Please return this form or send the cheque direct to Kate Cowlard, 10 Loxford Road, Caterham, Surrey CR3 6BH

SECTION 3: VOLUNTEERS/CLUB DUTIES (TO BE COMPLETED BY ALL**)**

The club relies heavily on volunteers from within the membership to assist with its running. Every member is required to help to run the club. Please state in which capacities you can help (training is available if you don't currently hold a relevant qualification).

Volunteering Role	Qualification	Please Tick
Coach		
Umpire		
Team Manager		
First Aider		
Committee Member		
Other eg. Web design, marketing, sponsorship, printing, planning		

SECTION 4: MEDICAL INFORMATION & CONSENT (TO BE COMPLETED BY ALL**)**

We need this to help you in case of emergency. So please complete as accurately as possible. Details will be held securely with access restricted to authorised club officers only.

Emergency contact name:	Relationship to you:
Emergency contact details:	
Any disabilities, allergies or other medical information we should know about:	
<i>Declaration: I consider myself 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 the team managers/coaches appointed by Oxted Hockey Club to obtain emergency medical treatment on my behalf.</i>	

Signed	Date
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SECTION 5: DONATIONS AND GIFT AID

Oxted Hockey Club would be very grateful if you would be prepared to make a voluntary donation in addition to your membership fee. As a Community Amateur Sports Club, Oxted Hockey Club may reclaim 25p of tax on every £1 of GIFT AID donations. To agree GIFT AID, you must be a UK tax payer and have paid sufficient tax (income or capital gains) to cover the amount that will be reclaimed within this tax year. Your donation will be worth more at no extra cost to you.

I am a UK taxpayer and want Oxted Hockey Club to treat my gift of £_____ as a GIFT AID donation.

Signed	Date
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Please add any other relevant information: