

OXTED HOCKEY CLUB JUNIORS MEMBERSHIP FORM 2017/18



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

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

SECTION 1 : MEMBER CONTACT INFORMATION

FULL NAME		PARENTS/GUARDIAN	
ADDRESS 1		DATE OF BIRTH	
ADDRESS 2		HOME PHONE	
TOWN		MOBILE PHONE	
POST CODE		EMAIL	

SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	Please Tick
JUNIOR under 12s	Under 12s as at 1.9.17 (school years 2 to 7)	£100	<input type="checkbox"/>
JUNIOR under 16s	Under 16s as at 1.9.17	£120	<input type="checkbox"/>
Fees include all 26 junior coaching sessions from September to April plus junior games and full membership of the club.			

Subscriptions are due by 30th October 2017. Cheques should be made payable to Oxted Hockey Club and sent with this form to the address at the top of the page or brought to training.

You can also pay online into the clubs' account at NatWest Bank, Oxted as follows: 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 and email note to Kate, katecowlard@aol.com. It is important the membership database is kept up to date.

* Where there are two or more children from the same family a £5 per child reduction applies*

SECTION 3: MEMBER INFORMATION

What school/college do you attend?	School Year
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SECTION 4: MEDICAL INFORMATION & CONSENT (to be completed by PARENT or GUARDIAN)

In case of emergency and as part of the clubs responsibility to its membership, ALL club members are required to complete this medical in-

NEXT OF KIN		RELATIONSHIP		MOBILE PHONE	
DOCTOR'S NAME		SURGERY		PHONE	
As far as you are aware, are you allergic to any drugs (please state)					
Are you taking regular medication? If so, for what reason?					
Do you have any long term illnesses or injuries?					
Declaration: I consider 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 my son/daughter is injured I give my permission for the team managers/coaches appointed by OXTED HC to obtain emergency medical treatment on my behalf					
SIGNED		DATE		RELATIONSHIP	

formation form as accurately as possible. Details will be held securely with access restricted to authorised club officers only.

SECTION 5 : UNDER 16 MEMBER CONSENT (** TO BE COMPLETED BY PARENT/GUARDIAN)

It is a requirement of the club policy that parental consent is provided for participation, transportation and photography. The OXTED HC members Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy are available on the club website. Please delete as appropriate where indicated by *.

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 may be times that photographs and/or footage may be taken during matches and training sessions by approved agents and/or officers of OXTED HC.

Such images shall only be used for publicity/training purposes in accordance with the OXTED 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

SIGNED		DATE		RELATIONSHIP	
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