



OXTED HOCKEY CLUB

Adult Member Registration Form 2015/16

All members of Oxted Hockey Club are required to complete this registration form. Please complete and return to: Richard White, Hazelbank, Trindles Road, South Nutfield, Redhill, Surrey RH1 4JG or complete digitally and send as attachment to richardjamesonwhite@btinternet.com

All details will be kept in a computerised, secure database with access restricted to authorised club officers only. Your details will be removed from this database if you cease being a member of Oxted Hockey Club.

SECTION 1: MEMBER CONTACT INFORMATION

Title		Gender	Male / Female
		Age Group	18-21 / 22-34 / 35-49 / 50+
Surname		Mobile Number	
Address 1			
Address 2		Email Address	
Town			
Postcode			

SECTION 2: MEMBERSHIP TYPE - subs only **** Fees increase by £30 if full payment not received by 31.10.15 ****

Member Type	Description	Annual Subscription Amount †	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 has the added benefit of being payable in instalments and is of great assistance to the club

SECTION 2: MEMBERSHIP TYPE - All IN

Member Type	Description	Annual Subscription Amount †	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 amount 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 2015

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

Include your name as reference, plus email Bob Cowlard at bobcowlard01@aol.com confirming 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 with this form or send the cheque direct to Bob 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 e.g. web design, marketing, sponsorship, printing, planning, organising socials		

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(s)	Relationship To You	Contact Details
Any disabilities, allergies or other medical information that we should know about		
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.		
Signed		Date

SECTION 5: DONATIONS & 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 to 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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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	Please	Ethnicity	Please
White – British	<input type="checkbox"/>	Asian or Asian British - Indian	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>
White – Other	<input type="checkbox"/>	Asian or Asian British -	<input type="checkbox"/>
Mixed – White and Black	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>
Mixed – White and Black African	<input type="checkbox"/>	Black or Black British - African	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Black or Black British - Other	<input type="checkbox"/>
Mixed – Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

PLEASE TICK TO INDICATE ANY LEARNING OR PHYSICAL DISABILITIES

Disability	Please Tick
Deaf	<input type="checkbox"/>
Hearing Impaired	<input type="checkbox"/>
Visually Impaired	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>
Multiple Disability	<input type="checkbox"/>

Please add any other relevant information: