

CHESTER HOCKEY CLUB JUNIOR MEMBERSHIP FORM 2010-2011

Membership Secretary name and contact details:	Paul Williams
Website address:	chesterhc.co.uk

All prospective members of Chester Hockey Club are required to complete this registration form and return it with payment prior to selection for the season. All details will be kept in a secure database with access restricted to authorised officers only.

SECTION ONE: Member Contact Details

Title:	Surname:	First Name(s):	Date of birth:

Home address:
POSTCODE:

Daytime phone number:	Evening phone number:	Email address:

SECTION TWO: Membership type

Member Type	Description	Fee	Please Tick
Junior	The Junior fee includes full junior membership to Chester Hockey Club. (Sunday Coaching Sessions are £2 per session: there are 14 Sessions up to Christmas if you wish to pay upfront for the whole term this is for £24 to Chester Hockey club, and includes two free sessions).	£35	
Social	For parents and friends.	£15	

SECTION THREE: Member Information

Information in this section is optional and will be used for development purposes only

What school/college do you attend?	
Would you or your parents/ carers be interested in learning to coach and/or umpire? (Please state)	
Would you or your parents/ carers be interested in being a team manager or officer? (Please state)	

SECTION FOUR: Medical Information and Consent

(To be completed by PARENT or LEGAL GUARDIAN if under 18)



In case of emergency and as part of the Chester Hockey Clubs responsibility to its membership, ALL members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised officers only.

Next of kin:	Relationship:	Mobile phone:

Doctor's name:	Surgery:	Doctor's phone number:

As far as you are aware, are you allergic to any medication? (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 Chester Hockey Clubs of any changes to the medical information provided. Furthermore, in the event that of injury I give my permission (for myself/my son/daughter)* for the team managers/coaches appointed by Chester Hockey Club to obtain emergency medical treatment.

Signed:	Date:	Relationship:

SECTION FIVE: Under 18 member consent (to be completed by PARENT or LEGAL GUARDIAN)

It is a requirement of Chester Hockey Club policy that parental/legal guardian consent is provided for participation, transportation and photography. The Chester Hockey Club Members Code of Conduct and Safeguarding and Protecting Young People Policy are available from our website. 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, in 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 Chester Hockey Club Members. Such images shall only be used for publicity/training purposes in accordance with the Chester Hockey Club Members Safeguarding and Protecting Young People Policy and Photography Policy and I 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, e.g. local newspapers, local magazines, other promotional articles (including flyers) and the club's website.

Signed:	Date:	Relationship:

SECTION SIX: Ethnicity and disability

Information in this section is optional and will be used for development purposes only

Ethnicity of club members

Please tick the box that best describes your ethnicity

	TICK		TICK
White British	<input type="checkbox"/>	Asian or Asian British – Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British – Bangladeshi	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian or Asian British – Other	<input type="checkbox"/>
Mixed – White and Black Caribbean	<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"/>

	TICK		TICK
Deaf	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Visually Impaired	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Hearing Impaired	<input type="checkbox"/>	Multiple disability	<input type="checkbox"/>

Please add any additional relevant information:

PLEASE RETURN THIS FORM, INCLUDING PAYMENT (CHEQUES PAYABLE TO Chester Hockey Club , TO THE MEMBERSHIP SECRETARY.