

Mendip Hockey Club

Membership Form



Please complete both sides of this form in BLOCK CAPITALS

First Name		
Surname		Sex: M/F
Date of Birth		Age:
Child's Home Address		Post Code:
Home Telephone Number		Fax No:
Email of Parent		Mobile:
Disabled	Yes/no - If yes, please give details	
School		School Year:
Name of family Doctor		
Surgery Address & Tel. No.		
Medical/Special needs	(please give details of allergies, injuries, health problems etc)	
Name of next of kin		
Relationship to child		
Address (if different from child's)		
Contact telephone numbers		

Player Declaration

- a. I understand that Mendip Hockey Club is insured in respect of legal liabilities (third part and public liability) but that personal accident insurance is not covered. I also understand that any extension of insurance cover is my responsibility.
- b. I will ensure that I notify Mendip Hockey Club of any changes in circumstances which will affect my participation.
- c. I agree to pay the required membership subscriptions and understand that failure to pay my fees may result in temporary suspension until amounts are brought up to date.
- d. I agree to abide by the rules of Mendip Hockey Club.

Signature of Player

Date:

Consent for Photographs/Film Footage

Photographs and film footage may be taken at training sessions and matches.

The photographs and film footage will be used by Mendip Hockey Club for publicity material such as press releases, newsletters, promotional displays and the Club's website.

- a. I hereby grant Mendip Hockey Club the absolute right to use images resulting from photography at training and matches. This includes any reproductions or adaptations of the images for all general publicity purposes.

Signature of Player:

Date:

Data Protection Act 1998 – The information you have provided will be held for the purposes of membership and will be disclosed to appropriate Mendip Hockey Club Committee Members