

# Mendip Hockey Club

## U18 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<br>(if different from child's) |   |              |
| Contact telephone numbers              |   |              |

## Declaration of Parents/Carers

- a. I agree to my son/daughter/ward taking part in the junior coaching programme and competitive matches organised by Mendip Hockey Club
- b. I consent to any emergency medical treatment necessary during the session or match. I therefore authorise the supervisor to sign, on my behalf, any written form of consent required by hospital authorities, should the delay required to obtain my signature be considered, by the said authority, likely to endanger my child's health. In such circumstances, I understand that every effort shall be made to contact me prior to this action being taken.
- c. I understand that Mendip Hockey Club has public liability insurance, but that personal accident insurance for my child is not covered. I also understand that any extension of insurance cover is my responsibility.
- d. I will ensure that any changes in circumstances which will affect my child's participation in coaching sessions or matches will be reported to the Coach as soon as possible prior to the Event.

Signature of Parent/Carer:

Date:

## Consent for Photographs/Film Footage

Photographs and film footage may be taken during sessions for Club promotion leaflets and the Club website.

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

Signature of Participant:

Date:

Signature of Parent/Carer:

Date:

Data Protection Act 1998 – The information you have provided will be held for the purposes of registration for Mendip Hockey Club and will be disclosed to England Hockey Association and appropriate Club coaches.