

Club Membership Form



Club Name	SOUTH LAKES HOCKEY CLUB
Membership Secretary name and contact details	Gayle Mawdsley – 01229 581918 or 07580 218225 Gavle m@hotmail.co.uk
Website Address	http://southlakeshockeyclub.co.uk

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

2015/2016 membership: Deadline for payment is 31 October 2015
Please note: from 1st November 2015 non-members will not be allowed to play club matches or attend training

SECTION ONE: Member Contact Details

Title:	Surname:	First Name(s)

Date of Birth:

Home Address:
POSTCODE

Home phone number:	Mobile phone number:	Email address:

SECTION TWO: Membership Type

Member Type	Description	Fee	Please tick	Payment Plan – one off, Cheque, Direct Debit
Senior	Full Senior Membership	£135		
U18/Junior	Junior Membership – playing in senior matches	£65		
Social/Mini	Junior Member/Parents/Friends/Donation	£5		

SECTION THREE: Member Information

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

STUDENTS- What school/college or university do you attend?	
NON-STUDENTS- What is your occupation?	
Would you be interested in becoming a coach and/or umpire?	
Would you be interested in being a team manager or officer?	
What skills do you have that could help develop the club? (e.g. web design, accounting, printing)	

SECTION FOUR: Medical Information and consent (to be completed by a Parent/Legal Guardian if under 18)

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?	
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 club 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 SOUTH LAKES HOCKEY CLUB to obtain emergency medical treatment.

Signed:	Date:	Relationship:

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

It is a requirement of SOUTH LAKES HOCKEY CLUB policy that parental/legal guardian consent is provided for participation, transportation and photography.

TRANSPORTATION: I consent to my son/daughter* travelling to venue 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 SOUTH LAKES HOCKEY CLUB. Such images shall be for publicity/training purposes in accordance with the SOUTH LAKES HOCKEY CLUB Safeguarding and Protecting Young People Policy and Photography Policy and I give consent to 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.

**delete where appropriate*

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 MADE PAYABLE TO SOUTH LAKES HOCKEY CLUB) TO GAYLE MAWDSLEY OR CAT COOKE