



England Hockey's Safeguarding and Protecting Young People Policy

CLUB MEMBERSHIP FORM – MONARCHS JUNIOR

Club Name:	WEST BRIDGFORD MONARCHS HOCKEY CLUB
Membership Secretary name and contact details:	Naomi Boulter 07932 652 842
Website address:	www.wbhockey.co.uk

All prospective members of **WEST BRIDGFORD MONARCHS HOCKEY CLUB** are required to complete this registration form and return it with payment prior to selection for the league season.

All details will be kept in a secure database with access restricted to authorised officers only.

2009/2010 Membership: Deadline for payment is 31.10.09 after which an additional £5 admin fee will be due.

SECTION ONE: Member Contact Details

Title:	Surname:	First Name(s):

Date of birth:

Home address:
POSTCODE:

Daytime phone number:	Evening phone number:	Email address:

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SECTION TWO: Membership type

Member Type	Description	Fee	Please Tick
Senior	Full Senior Membership (Match Fee = £8)	£60	
Student/Unemployed	Full time student/Unemployed adult (Match Fee = £4)	£30	
School member	U18 school/college member (Match Fee = £2)	£10	
Non-playing member		£5	
New member kit supplement	Both home & away shirts	£20	

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 learning to coach and/or umpire? (Please state)	
Would you be interested in being a team manager or officer? (Please state)	
What skills do you have that could help develop the WEST BRIDGFORD MONARCHS HOCKEY CLUB? (e.g. web design, accounting, printing)	

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 **WEST BRIDGFORD MONARCHS HOCKEY CLUB** 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?	
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(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 **WEST BRIDGFORD MONARCHS HOCKEY 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 **WEST BRIDGFORD MONARCHS 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 **WEST BRIDGFORD MONARCHS HOCKEY CLUB** policy that parental/legal guardian consent is provided for participation, transportation and photography. The **WEST BRIDGFORD MONARCHS HOCKEY CLUB** Members Code of Conduct and Safeguarding and Protecting Young People Policy are available on the 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 **WEST BRIDGFORD MONARCHS HOCKEY CLUB**. Such images shall only be used for publicity/training purposes in accordance with the **WEST BRIDGFORD MONARCHS HOCKEY CLUB** 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 **WEST BRIDGFORD MONARCHS HOCKEY CLUB**) TO YOUR DESIGNATED CLUB COACH ASAP.