

DRIFFIELD HC MEMBER REGISTRATION FORM

C/o Henri Williams, Little Pasture Farm, Cowlam, North Yorkshire. YO25 3BP.

Tel 01377 267182/ 07850 715172. henrihockey@live.co.uk

All prospective (and present) members of Driffield Hockey Club are required to complete this registration form and return it with payment prior to November. All details will be kept in a secure database with access restricted to authorised club officers only.

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	Mr / Mrs / Miss / Ms		
FULL NAME			
ADDRESS 1		DATE OF BIRTH	
ADDRESS 2		HOME PHONE	
TOWN		MEMBERS MOBILE PHONE	
POST CODE		EMAIL	

**2016 / 2017
MEMBERSHIP**

**DEADLINE FOR
PAYMENT IS
NOV 1ST 2016
AFTER WHICH AN
ADDITIONAL £5
ADMIN FEE WILL
BE DUE.**

**PLEASE NOTE
FROM NOV 1ST
NON-MEMBERS
WILL NOT BE
ALLOWED TO
PLAY CLUB
MATCHES OR
ATTEND
TRAINING.**

SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	Please Tick
SENIOR	Full Senior Membership. (Match Fees to be collected at weekends)	£ 60	
STUDENT (In Full Time Ed)	Over 18's in Full Time Education. (Match Fees to be collected at weekends)	£ 45	
INTERMEDIATE	Under 18's playing Senior Club Matches. (Match Fees to be collected at weekends)	£ 35	
JUNIOR	Juniors (U16) playing Senior Club Matches -(Subsidised Match Fees on a weekend) This is in addition to Junior Fees of £50.	£ 25	

**Cheques only to DHC Please.
BACS Payment: 30-12-86 00201051 and members name.**

SECTION 3: MEMBER INFORMATION

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

STUDENTS – What school/college or university do you attend?
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 club officer? (Please state)
What skills do you have that could help develop the club? (e.g. web design, accounting, printing, planning, sponsorship, etc)

SECTION 4: MEDICAL INFORMATION & CONSENT

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

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

NEXT OF KIN		RELATIONSHIP		MOBILE PHONE	
NEXT OF KIN 2		RELATIONSHIP		MOBILE PHONE	
DOCTORS NAME		SURGERY		PHONE	

As far as you are aware, are you allergic to any drugs? (Please state)

Are you taking any regular medication? If so, for what reason?

Please detail any important medical information that our coaches / junior co-ordinator should be aware of eg: epilepsy, asthma, diabetes, etc:

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 I am injured I give my permission (for my son/daughter)* for the team managers/coaches appointed by DRIFFIELD HC to obtain emergency medical treatment on my behalf.

SIGNED		DATE		(RELATIONSHIP)	
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