

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	
POST CODE		EMAIL	

2017/2018 MEMBERSHIP

DEADLINE FOR PAYMENT IS NOV 1ST 2017 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		
			Cash	Cheque	BACS
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 £51.	£ 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)	

SECTION 5: UNDER 18 MEMBER CONSENT (TO BE COMPLETED BY PARENT/GUARDIAN**)**

It is a requirement of club policy that parental consent is provided for participation, transportation and photography. The DRIFFIELD HC members Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy are available.

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 by 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 maybe times that photographs and/or footage maybe taken during matches and training sessions by approved agents and/or officers of DRIFFIELD HC. Such images shall only be used for publicity/training purposes in accordance with the DRIFFIELD HC Safeguarding and Protecting Young People in Hockey Policy and Photography Policy and 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 i.e. local newspapers, local magazines, other promotional articles (inc. flyers) and the club's website.

SIGNED		DATE		RELATIONSHIP	
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