



England Hockey's Safeguarding and Protecting Young People Policy

CLUB MEMBERSHIP FORM

Club Name:	Golborne Hockey Club / Golborne & Daten Ladies HC
Membership Secretary name and contact details:	Dr Terry Gleave Disgwylfa, Milwr, Holywell, Flintshire. CH8 8HE Email: tgleave@liv.ac.uk Mob: 07545971636
Website address:	www.golbornehockeyclub.co.uk

All prospective members of Golborne Hockey Club / Golborne & Daten Ladies HC are required to complete this registration form and return it to the above secretary for the league season. All details will be kept in a secure database with access restricted to authorised officers only.

2009/10 Membership: Deadline for payment is 3rd October 2009 unless otherwise negotiated with the club treasurer. Please note: from 3rd October 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:

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 = £5)	£40	
Student	Full time students and U18s playing Senior Matches (Match Fee = £3)	£40	
Junior (U'16)	Junior members (Match Fee £3)	£20	
Social / Non-playing	For parents and friends.	£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 [GHC / G & D HC]? (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 Hockey Club / Golborne & Daten Ladies HC 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:



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As far as you are aware, are you allergic to any medication? (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 Hockey Club / Golborne & Daten Ladies HC 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 Hockey Club / Golborne & Daten Ladies HC 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 Hockey Club / Golborne & Daten Ladies HC policy that parental/legal guardian consent is provided for participation, transportation and photography. The Hockey Club / Golborne & Daten Ladies HC Members Code of Conduct and Safeguarding and Protecting Young People Policy are available in the handbook. 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 Hockey Club / Golborne & Daten Ladies HC. Such images shall only be used for publicity/training purposes in accordance with the Hockey Club / Golborne & Daten Ladies HC. 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:



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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		Asian or Asian British – Pakistani	
White Irish		Asian or Asian British – Bangladeshi	
White Other		Asian or Asian British – Other	
Mixed – White and Black Caribbean		Black or Black British – Caribbean	
Mixed – White and Black African		Black or Black British – African	
Mixed – White and Asian		Black or Black British – Other	
Mixed – Other		Chinese	
Asian or Asian British - Indian		Other Ethnic Group	

	TICK		TICK
Deaf		Physical disability	
Visually Impaired		Learning disability	
Hearing Impaired		Multiple disability	

Please add any additional relevant information:

PLEASE RETURN THIS FORM, INCLUDING PAYMENT Hockey Club / Golborne & Daten Ladies HC ,
TO THE SECRETARY

Membership Payments to be paid to a Club official and ultimately the treasurer..