



SOUTHWELL BRINCLIFFE UNITED LHC



All prospective members of **SOUTHWELL BRINCLIFFE LHC** 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 club officers only.

SECTION 1: MEMBER CONTACT INFORMATION

| | | | |
|------------------|--------------------------------|----------------------|--|
| TITLE | Mr/Mrs/Miss/Ms (Please circle) | | |
| FULL NAME | | | |
| ADDRESS 1 | | DATE OF BIRTH | |
| ADDRESS 2 | | HOME PHONE | |
| TOWN | | MOBILE PHONE | |
| POST CODE | | EMAIL | |

SECTION 2: MEMBERSHIP TYPE 2010 / 2011

| MEMBER TYPE | DESCRIPTION | FEE | Please Tick |
|------------------------|--|-----|-------------|
| SENIOR | Full Senior Membership (training included) | £60 | |
| | Match Fees | £6 | |
| STUDENTS UNEMPLOYED | Full time students and Unemployed /Concessions | £40 | |
| | Match Fees | £4 | |
| JUNIOR | Affiliation | £25 | |
| | Training £20 Sept – Dec + £20 Jan - April | | |
| | Match Fees | £2 | |

SECTION 3: MEMBER INFORMATION

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

| |
|---|
| 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 | |
| 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? | | | | | |
| Do you have any long term illnesses or injuries? | | | | | |
| Declaration: I consider myself/my 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/my daughter is injured I give my permission for the team managers/coaches appointed by SOUTHWELL BRINCLIFFE UNITED LHC to obtain emergency medical treatment on my/my daughter's behalf. | | | | | |



SOUTHWELL BRINCLIFFE UNITED LHC



SIGNED

DATE

(RELATIONSHIP)

: 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. Please delete as appropriate where indicated by a * then sign and date at the bottom.

TRANSPORTATION: I consent to my 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 Southwell Brincliffe LHC Such images shall only be used for publicity/training purposes in accordance with the Southwell Brincliffe LHC Safeguarding and Protecting Young People in Hockey Policy and Photography Policy and give consent for my 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 ie. local newspapers, local magazines, other promotional articles (inc. flyers) and the club's website.

SIGNED

DATE

RELATIONSHIP

SECTION 6: ETHNICITY & DISABILITY

Whilst it is not compulsory for the following sections to be completed, the paragraph below explains why this personal information is considered to be important.

Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have existed within sport particularly in relation to gender, race and disability. Sport England and England Hockey are committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of people in sports clubs, national governing bodies of sport and Sport England can identify any issues relating to under representation of different groups and can develop strategies to ensure that all people have the opportunity in the future to develop and progress in sport.

England Hockey requests this data from clubs as part of the annual affiliation process and completing this data accurately enables the club to give an accurate picture to England Hockey on our membership.

PLEASE TICK THE BOX THAT BEST DESCRIBES YOUR ETHNICITY

ETHNICITY OF CLUB MEMBERS

| | 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 | |

PLEASE TICK TO INDICATE ANY LEARNING OR PHYSICAL DISABILITIES

DISABILITY

| | TICK |
|---------------------|------|
| Deaf | |
| Visually impaired | |
| Hearing impaired | |
| Physical disability | |
| Learning disability | |
| Multiple disability | |



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Please add any additional relevant information: To ensure that we have the correct contact details for you, please complete the information requested below and return the form to CAROL BAKER, 35 GODFREY STREET, NETHERFIELD, NOTTINGHAM NG4 2JH TEL: 0115 9129668 This information will be used to keep you informed about Club events and to contact you in the event of an accident or incident. Some of the information is required to comply with the England Hockey Equity Policy, which has been adopted by the Club.