

All prospective senior members (playing in a senior men's or ladies side) of Shefford & Sandy Hockey Club are required to complete this registration form. If you have any questions about this form or any other matter please contact Doug Dawson (Membership Secretary) 07808 770845 or visit: www.pitchero.com/clubs/sheffordandsandyhockeyclub. All details will be kept in a secure database with access restricted to authorised club officers only. Please either print and return the form to your team captain or simply complete and return to: [Doug Dawson at doug@dougdawson.co.uk](mailto:doug@dougdawson.co.uk)

SECTION 1: MEMBER CONTACT INFORMATION

| | | | |
|---------------------------|--|----------------------|--|
| PLAYER'S FULL NAME | | | |
| ADDRESS | | DATE OF BIRTH | |
| | | HOME PHONE | |
| TOWN | | MOBILE PHONE | |
| POST CODE | | EMAIL | |

SECTION 2: MEMBERSHIP TYPE

Please note that any members that have not fully paid their subs by the 31st of October will subsequently be required to pay an additional 50% above match fees for each match they play until full membership subscription is settled. For a full membership price list please visit the website.

| | Amount due if received by 31 st October | tick | Amount due if received after 31 st October | tick |
|--|--|------|---|------|
| Senior (over 18) | £140 | | £150 | |
| Junior (18 or Under) | £70 | | £80 | |
| Committee members / Captains | £70 | | £80 | |
| Goalkeeper with kit | £70 | | £80 | |
| Other (Specify membership and amount paid) | | | | |

Cheques should be made payable to "Shefford and Sandy Hockey Club" (please do not write S&SHC as these cheques can no longer be accepted) and passed to your captains with this form.

You can pay direct into our bank account BUT make sure you email Doug or Sammi to confirm that you have done so.

Bank Details: Shefford and Sandy Hockey Club, Barclays Bank, Account no: 71498924, Sort Code: 40-25-22. Reference: Your name and 'SUBS'.

Finally, you can pay via the website using a debit or credit card here:

<https://secure.pitchero.com/clubs/sheffordandsandyhockeyclub/subs/>

SECTION 3: MEDICAL INFORMATION & CONSENT

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.

| | | | | | |
|--|--|---------------------|--|---------------------|--|
| EMERGENCY CONTACT | | 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 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 I am injured I give my permission for the team managers/coaches appointed by S&S HC to obtain emergency medical treatment on my behalf. | | | | | |
| SIGNED | | | | DATE | |

SECTION 4: MEMBER CONSENT

| | | | | | |
|---------------|--|--|--|-------------|--|
| SIGNED | | | | DATE | |
|---------------|--|--|--|-------------|--|