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Please complete & return to the Membership Secretary

Mike Higgins

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Section 1: Contact Information – (please complete in BLOCK CAPITALS, unless case sensitive)

Title		First Name		Surname	
Date of Birth		Occupation			
Address					
Post Code		Phone No.		Mobile No.	
Email					

Section 2: Membership Type

Member Type	Description	Fee	Payment Type		
			Cash	Cheque	Standing Order*
Adult	Full Senior Membership	£120			
Junior / Student/ PT Adult	U18s, Full Time Students & PT Adults ^{##}	£70			
40-4-7	£40 for 7 matches	£40 ^{**}			
Mini-Micro	School Year 3 -6	£35			
Early Years	School Year up to Yr 2	£0 [#]			
Associate	Non Playing Members	£10			
Family	Family Plan 2 Ads 2 Children	£250			

*All Standing Order payments are subject to a 10% loading, i.e. Adult membership by standing order is £132, or 12 payments of £11, Junior membership will be £77, 12 payments of £6.42.

**40-4-7 is only available once to any new member joining the club.

A parent must be present at all sessions attended, there will be match fees for tournaments.

##Part time adults currently classed as less than 20 hours per week.

Sibling note, a second child's membership will be 50% of the standard fee any subsequent children's membership will be 25% of the standard fee. Applies only to Juniors and Mini Micros.

In cases of financial hardship please speak to your Team Captain / Manager or the Membership Secretary to arrange alternative payment plans. Any such discussions will remain confidential.

Section 3: Member Experience

What level have you played hockey (club, county, regional etc)	
Are you CRB / DBS checked? If so add your certificate number & expiry date	
Please specify if you are a trained first aider and / or Child Welfare Officer	
Do you have an umpiring qualification? If please specify	
Do you have a coaching qualification? If please specify	
Are you interested in taking coaching, umpiring, first aid qualifications? If so, please specify which one(s).	

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 the Medical Questionnaire below as accurately as possible. Details will be held securely with access restricted to authorised club officers only (First Aid Officers in particular).

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 Gosport Borough HC members Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy are available in the club 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 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 may be times that photographs and/or footage maybe taken during matches and training sessions by approved agents and/or officers of Gosport Borough HC. Such images shall only be used for publicity/training purposes in accordance with the Gosport Borough 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.

Section 6: Member Consent:

Information Sharing: I give permission for my personal details that I have given on this form to be held on the club database and for those to be forward to England Hockey Limited if requested. I also understand that by playing for an adult team will mean my name being passed to Gosport Borough Cricket Club according to the Use of Clubhouse Agreement between the two clubs.

Insurance: I understand that the club holds Mandatory Public Liability Cover Insurance for all players and Associate Members. I further understand if I have not paid the Club Membership Fee by 30 September 2013 then I am not covered by the clubs insurance to play, umpire, coach or train at St Vincent College or take part in any other Gosport Borough Hockey Club activity.

Contact: I agree to be contacted by Officers of the club to be notified of events, matches and offers exclusive to GHBC that are authorised by the Executive Committee.

Tick here if you **DO NOT** wish to be included in the Club email distribution list.

PAYMENT DEADLINE IS THE 30TH SEPTEMBER. PLAYERS WHO HAVE NOT PAID THEIR MEMBERSHIP SUBSCRIPTION BY THIS DATE WILL NOT BE AVAILABLE FOR SELECTION.

By signing this Membership Application I acknowledge that

- I give consent under items 4;5 & 6 above
- That I have received and will abide by the GHC Code of Conduct & Social Media Policy

Member Name		Signature (if over 18)		Date	
Parent/Guardian Name (for under 18s)		Parent/Guardian Signature (for under 18s)			

Medical Questionnaire

Can you please fill in the requested information below and return with your Membership Form (in a sealed envelope if you prefer) as soon as possible. The information will be used only in the event of an accident or emergency.

Name & DOB _____

Team _____

Do you suffer from any of the following illnesses?

Illness		Medication Prescribed?
Asthma	<input type="checkbox"/>	_____
Hay fever	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	_____
Eczema	<input type="checkbox"/>	_____
Other (please specify)	<input type="checkbox"/>	_____

Do you suffer from any allergies? Details _____

Doctor

Name _____

Address _____

Phone number _____

Emergency contact

Name _____

Relationship _____

Phone number _____

Mobile number _____

Declaration (if under 18, a Parent or Guardian must fill this in, and sign the form)

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 Gosport Borough HC to obtain emergency medical treatment on my behalf.

Signed _____ Date _____

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.

Ethnicity of Club Members – please tick as appropriate			
White British	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British - Bangladeshi	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian or Asian British –Other	<input type="checkbox"/>
Mixed – White & Black Caribbean	<input type="checkbox"/>	Black or Back British - Caribbean	<input type="checkbox"/>
Mixed – White & Black African	<input type="checkbox"/>	Black or Back British - African	<input type="checkbox"/>
Mixed - White & Asian	<input type="checkbox"/>	Black or Back British - Other	<input type="checkbox"/>
Mixed – Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

Do you consider yourself to have a disability?

If so, please explain the nature of your disability (this information will only be shared with registered first aiders within the club)