

OLD SILHILLIANS HOCKEY CLUB



Membership Application Form 2017/2018 (inc. Parental Consent for U18s)

Please update your details online at www.silshockey.co.uk, registration is easy (a FaceBook login can be used if you have one), **AND** for Minis/ Junior members please print and return in person on Sundays as this form needs a parent's signature

NAME: _____

Address _____

Home Tel _____ Parent's Mobile Tel _____

Player's Email (please print): _____

Parent's Email (please print): _____

The Club relies on volunteers so if you are a player, past player, parent or supporter who hasn't given back to the club yet and have an hour a week to help, please tick the box and we will let you know what jobs may be available to help with.

Please tick here if you do **not** wish to receive circulation mail from the Old Silhillians' Association.

Member type	Subscription Including All Match Fees	Please specify concession type if relevant	Payment Type (Cash / Cheque / Bank Transfer / Website)
Full (including Veterans)	£ 300		
Full including Vets & Summer League	£340		
Junior – Sundays only	£ 75		
Concession – playing Adult/Development hockey	£ 165 (£185 to include Summer)	Junior / Student / Country	
Playing Social	£ 60		
Social (non-player)	£ 20		

Payments can be made by cheque (make payable to OSHC please) or with Cash. All forms/ cheques should be handed to the Junior Admin Team on a Sunday morning

The Junior Playing Committee may not select those for matches who have not paid by **5th October 2017** until they pay their annual subs.

THE FOLLOWING SECTION MUST BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN OF ALL MEMBERS UNDER 18 YEARS OLD

Date of Birth ____ / ____ / ____ Age on 31/8/2017 _____ years

School or college attended _____

Alternative emergency contact number/s (e.g. parent's mobile)

_____ or _____

Medical/ dietary conditions of player including any medication taken

Please tick the following boxes to indicate your agreement to the following statements:

- I confirm I have read and understood the Old Silhillians Hockey Club's Mini and Junior Rules, Code of Conduct for Parents/Carers Policy and Child Protection Policy and consent to my child playing for the Club.
- I do agree to my son or daughter playing in adult hockey matches.
- OR**
- I do not agree to my son or daughter playing in adult hockey matches.
- I do agree to my child being photographed as part of a team record.
- OR**
- I do not agree to my child being photographed as part of a team record.
- In the event of an emergency where I the parent/ guardian cannot be contacted, I agree that a responsible adult be allowed to accompany my child to receive professional medical attention and if appropriate to sign medical consent forms.

Signed _____ Date _____

Print name _____ Relationship to child _____

The information provided 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.