

North Devon Hockey Club Registration Form

All members of North Devon Hockey Club are required to complete this registration form and return it to the Club Chairman or Club Welfare Officer. All details will be kept in a secure database with access restricted to authorised club officers only. We as a club will protect any data you share with us and will not pass to a third party without your consent. By signing this form, you give the club permission to contact you in the future.

SECTION 1: MEMBER CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| FULL NAME |  | DATE OF BIRTH |  |
| ADDRESS 1 |  | HOME PHONE |  |
| ADDRESS 2 |  | MOBILE PHONE |  |
| TOWN |  | POST CODE |  |
| EMAIL |  | | |

SECTION 2: PARENT / GUARDIAN CONTACT INFORMATION (if under 18)

|  |  |  |  |
| --- | --- | --- | --- |
| FULL NAME |  | RELATIONSHIP |  |
| HOME PHONE |  | MOBILE PHONE |  |
| EMAIL |  | | |
| ADDITIONAL EMERGENCY CONTACT | | | |
| FULL NAME |  | RELATIONSHIP |  |
| HOME PHONE |  | MOBILE PHONE |  |

SECTION 3: MEDICAL INFORMATION & CONSENT (To be completed by PARENT or GUARDIAN if under 18)

In case of emergency and as part of the club’s 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.

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| --- | --- | --- | --- | --- | --- | --- |
| NEXT OF KIN |  | RELATIONSHIP |  | | MOBILE PHONE |  |
| DOCTORS NAME |  | SURGERY |  | | SURGERY PHONE |  |
| As far as you are aware, are you allergic to any drugs? (Please state) | | | | | | |
| Are you taking any regular medication? | | | | | | |
| Do you have any long term illnesses, Impairments or injuries? | | | | | | |
| Declaration: I consider myself / my child\* 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 child is\* injured I give my permission for the team managers/coaches appointed by North Devon HC to obtain emergency medical treatment on my behalf. | | | | | | |
| SIGNED |  | | DATE |  | | |

SECTION 4: UNDER 18 MEMBER CONSENT (\*\*TO BE COMPLETED BY PARENT / GUARDIAN\*\*)

It is the Policy of North Devon H.C. that parental consent is provided for participation, transportation and photography. The North Devon HC Members Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy can be read in our Fixture Booklet or on our website.

* I agree to my child to participating in North Devon Hockey Club fixtures, coaching and training sessions.
* I consent to my child travelling by any form of public or contracted transport and/or in a motor vehicle driven by a member of North Devon Hockey Club or parent attending the match/event
* I agree to photographs and video footage being taken to be used in the local press for sports news, Club promotion and on the club website. This includes any reproductions or adaptations of the images for all general publicity purposes

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