



TAMWORTH HOCKEY CLUB MEMBER REGISTRATION FORM

FAO Andrew Herring, Membership Secretary, c/o Tamworth Hockey Club, Hints Road, Hopwas
T: 01827 63428 W: www.tamworthhockeyclub.org.uk

IF AVAILABLE,
PLEASE
ATTACH
PHOTO
HERE

- All members of Tamworth Hockey Club 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.
- Some of the information is required to comply with the England Hockey Equity Policy, which has been adopted by the Club.

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	

**2009/10
MEMBERSHIP**

**DEADLINE FOR
PAYMENT IS**

**31 OCTOBER
2009**

**AFTER WHICH
AN
ADDITIONAL
FEE WILL BE
DUE.**

SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	MATCH FEE	SUBSCRIPTION (paid by 31/10/09)	SUBSCRIPTION (if paid after 31/10/09)	SUBSCRIPTION (if paid after 31/12/09)	Please Tick
SENIOR	£7	£90	£110		
UNEMPLOYED / STUDENT / OAP's	£5	£45	£60		
JUNIOR – Y9 to u.18	£5	£40	£60		
JUNIOR – Y5 to Y9		£10	£10		

SECTION 3: MEMBER INFORMATION

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

STUDENTS – What school/college or university do you attend?
NON-STUDENTS – What is your occupation?
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? (Please state) (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 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 Tamworth Hockey Club to obtain emergency medical treatment on my behalf.					
SIGNED		DATE		(RELATIONSHIP)	

PLEASE TURN OVER;

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. Tamworth Hockey Club members' Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy are available on request.

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 maybe times that photographs and/or footage maybe taken during matches and training sessions by approved agents and/or officers of Tamworth Hockey Club. Such images shall only be used for publicity/training purposes in accordance with the Tamworth Hockey Club Safeguarding and Protecting Young People in Hockey Policy and Photography Policy and I 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.

SIGNED	DATE	RELATIONSHIP
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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 BOX		TICK BOX
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 BOX
Deaf	
Visually impaired	
Hearing impaired	
Physical disability	
Learning disability	
Multiple disability	

Please add any additional relevant information below: