



# Yate Hockey Club – Member Registration Form

Club details can be found on [www.yatehockey.com](http://www.yatehockey.com)

All prospective members of Yate 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.

## SECTION 1: MEMBER CONTACT INFORMATION

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

## SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE (please tick appropriate box)					
MEN'S – SENIOR	<input type="checkbox"/>	LADIES – SENIOR	<input type="checkbox"/>	JUNIOR'S - BOYS	<input type="checkbox"/>
MEN'S – YOUTH / STUDENT / UNEMPLOYED	<input type="checkbox"/>	LADIES – YOUTH / STUDENT / UNEMPLOYED	<input type="checkbox"/>	JUNIOR'S - GIRLS	<input type="checkbox"/>

PLEASE INFORM US OF YOUR SQUAD NUMBER IF ALREADY ALLOCATED	Blue shirt	<input type="checkbox"/>
	White shirt	<input type="checkbox"/>

## SECTION 3: MEMBER INFORMATION

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

JUNIORS / STUDENTS – What school/college or university do you attend?
NON-STUDENTS – What is your occupation?
Have you been CRB checked – if so please state date of certificate
Are you a qualified first aider – if so please specify qualification and date achieved?
Are you a qualified hockey coach – if so please specify qualification and date achieved?
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? (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 / my 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 Yate Hockey Club to obtain emergency medical treatment on my behalf.					
SIGNED					
RELATIONSHIP (IF APPLICABLE)				DATE	

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. The Yate Hockey Club 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.	Yes / No
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**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 Yate Hockey Club. Such images shall only be used for publicity/training purposes in accordance with the Yate Hockey Club 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 ie local newspapers, local magazines, other promotional articles (inc. flyers) and the club's website.

I consent for photographs with (or without) forenames & surnames to be put up in the clubhouse at the Yate Outdoor Sports Complex.	Yes / No
I consent for photographs with forenames & surnames to be used in match reports submitted to local newspapers.	Yes / No
I consent to photographs (no names) to be used on our web site <a href="http://www.yatehockey.com">www.yatehockey.com</a>	Yes / No

<b>SIGNED</b>		
<b>RELATIONSHIP</b>		<b>DATE</b>
<b>NAMES OF PARENTS</b>		
<b>CONTACT DETAILS OF PARENTS</b>		

## 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		TICK BOX
White British		Mixed – White and Asian		Asian or Asian British – Other	
White Irish		Mixed – Other		Black or Black British – Caribbean	
White Other		Asian or Asian British - Indian		Black or Black British – African	
Mixed – White and Black Caribbean		Asian or Asian British - Pakistani		Black or Black British – Other	
Mixed – White and Black African		Asian or Asian British - Bangladeshi		Chinese	
Other Ethnic Group					

### PLEASE TICK TO INDICATE ANY LEARNING OR PHYSICAL DISABILITIES

DISABILITY			
	TICK BOX		TICK BOX
Deaf		Physical disability	
Visually impaired		Learning disability	
Hearing impaired		Multiple disability	
Other – please specify			

Please add any additional relevant information:

Please let us know how you hear about us:

To ensure that we have the correct contact details for you, please complete the information requested below and return the form to your team captain or another member of the club committee. This information 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.

Please note that Yate Hockey Club is insured for employers liability and third party damage only. Yate Hockey Club will not be held responsible or accountable for any damage or injury incurred by a club member whilst a club member is playing, training or undertaking any other activity organised by Yate Hockey Club.