



CLUB MEMBERSHIP FORM

Membership Type:	<input type="checkbox"/> Playing Member	<input type="checkbox"/> New Member	<input type="checkbox"/> Official
	<input type="checkbox"/> Non-Playing Member	<input type="checkbox"/> Membership Renewal	
Secretary name and contact details:	Mr Ian Bradbury, The Old Post Office, South Otterington, Northallerton, N Yorks, DL7 9HT Tel: 01609 775260		
Website address:	www.thirskhockeyclub.org.uk		

All prospective members of Thirsk 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 officers only.

PLEASE ENTER INFORMATION ***ONLY*** APPLICABLE TO YOU.

E-MAIL IS THE PRIMARY COMMUNICATION METHOD FOR THE CLUB, SO PLEASE LET US KNOW YOUR CURRENT ADDRESS OR SOMEONE ELSE'S EMAIL ADDRESS WE CAN USE. PLEASE WRITE E-MAIL ADDRESSES CLEARLY.

AN APPLICATION FORM IS REQUIRED FOR EACH MEMBER - USE CAPITAL LETTERS and BLACK INK

N.B. The club has some insurance cover, but members are advised to arrange their own personal accident and injury cover.

If U18 we must inform you that under the Terms of our Insurance Policy you **would not** currently be insured for personal accident cover.

- Neither the mobile number nor the email should be that of a child who is U16 – this could make children vulnerable and is considered poor practice. For a child/young person these details should be those of the parent/carer.

Member Contact Details

Title:	Surname:	First Names(s):	
Home address:			
			Postcode:
Daytime phone number:	Email address(ESSENTIAL): (Please write clearly)	Occupation: Do you have any skills that could help develop Thirsk Hockey Club (e.g. web design, accounting, printing)	
Mum name:	*Mum mobile*:	*Dad name*:	*Dad mobile*:
Date of Birth: (essential)	*Name of School/College/University*:	*School year*:	Religion: Please state - optional

Membership fees(Please tick payment to be made)

I agree to pay an annual subscription fee as listed below by 31st October. In the event of hardship or other relevant issues, please discuss with Junior coordinator. New members only, are entitled to TWO free taster sessions, after which full membership should be paid. I agree to abide by the regulations and disciplinary code of Thirsk Hockey Club, available on request.

FULL SENIOR MEMBER £70	YOUTH/STUDENT MEMBER £35	UNEMPLOYED/RETIRED £20
Men's/Ladies - Over/U18 working	16 and over in full time education as of 1 st Sep	
JUNIOR MEMBER as of 1st Sep		SOCIAL MEMBER £5
U10's £10 U14's £20 U12's £15 U16's £25	I enclose a cheque/cash for £..... payable to "Thirsk Hockey Club" (Deadline for payment is 31 st October)	

Sporting Information

Have you played hockey before? If so where i.e. Primary/ Secondary/Camps. Highest level of hockey achieved:	Would you be interested in being a team manager/club officer or learning to coach and/or umpire? (please state)	Your preferred playing position on the pitch is. Are you interested in playing in goal:
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Medical Information and Consent (To be completed by PARENT or LEGAL GUARDIAN if under 18)

INDEMNITY: As you are aware the nature of the game of hockey makes it possible that injuries can and do occur. In order for these to be minimised, it is essential that you make sure that you/your son/daughter has **Shin Pads and a Mouthguard** when they attend training and matches. *"I/We fully understand the need for the use of Mouthguards and Shinpads, and I/We understand that in the event of forgetting either, I /We give my permission that *I/they will still be allowed to train, which includes a game."*

I UNDERSTAND THE ABOVE STATEMENT AND GIVE MY CONSENT Please tick this box.

In case of emergency and as part of Thirsk Hockey Clubs responsibility to its membership, ALL members are required to complete this medical information form as accurately as possible.

Next of Kin:	Relationship:	Mobile Phone
Doctors Name:	Surgery:	Doctor's phone number:

Please advise of any allergies, disabilities or permanent medication. If so, for what reason? (e.g. asthma, epilepsy, diabetes) Are you allergic to any medication? (please state)	
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DECLARATION: I consider (myself/my son/daughter)* to be physically fit and capable of full participation and agree to notify Thirsk Hockey Club of any changes to the medical information provided. Furthermore, in the event that of injury I give my permission for the team managers/coaches appointed by Thirsk Hockey Club to obtain emergency medical treatment for *myself/my son/daughter.*

It is a requirement of Thirsk Hockey Club that parental/legal guardian consent is provided for participation, transportation and photography for any U18 member. The Thirsk Hockey Clubs Members Code of Conduct and Safeguarding and Protecting Young People Policy are available upon 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, in 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 may be taken during matches and training sessions by approved agents and/or officers of Thirsk Hockey Club. Such images shall only be used for publicity/training purposes in accordance with the Thirsk Hockey Clubs Safeguarding & Protecting Young People 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, e.g. local newspapers, local magazines, other promotional articles (including flyers) and the club's website.

PRIVACY and DATA PROTECTION: We collect your personal data in order to perform the administrative functions of the club and to register you as a player with the necessary governing bodies and leagues. We will also use your details to contact you to notify you of club events, functions and for the purposes of running the club. We will store your data in our club database. We will only pass your details to third parties, such as leagues, for the purposes outlined above. You can request your details at any time and we encourage you to keep your details up to date. If you do not agree to us using your data in this way then it will be extremely difficult for us to process your membership request and for you to play league hockey.
The clubs Privacy and Data Protection Policy is available upon request.

Signed:	Date:	Relationship:

Player / Parental Involvement (Please indicate areas in which you may be able to assist below)

	TICK		TICK
Fundraising / Sponsorship		Transport to away matches	
Registration before / after training sessions		U12's / 14's / 16's Boys and Girls Team Manager	
Committee Membership (Training available)		U12's / 14's / 16's Boys and Girls Team/Press Secretary	
Coaching / Coaching Assistance (Training available)		Umpiring (Training available)	

Other (Please specify):

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

Please tick the box that best describes your ethnicity

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

	TICK		TICK		TICK
Deaf		Hearing Impaired		Learning disability	
Visually Impaired		Physical disability		Multiple disability	

Please add any additional relevant information:

Marketing purposes only (This information will be used for development purposes only)

How did you hear about Thirsk HC
 Please tick the box and/or make any relevant comment

School Visit	Word of Mouth	Other
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If other please state:

Please complete ONE application form for each child together with your payment and pass to:

TEAM CAPTAINS OR If U16 Bev Longthorne 11d Croftheads, Sowerby, Thirsk, North Yorkshire, YO7 1NY E-mail: vespafree@btinternet.com	Over 16 & Adults Gill Fox Innisfree, South Kilvington, Thirsk
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