



WALLINGFORD HOCKEY CLUB



MEMBERSHIP & MEDICAL CONSENT FORM



We are very pleased to welcome you to Wallingford Hockey Club. To ensure that we have the correct contact details for you, please insert the information requested below and return this form. This information is required before any player can train or play within the club. We will also use this information to ensure that you are kept informed about club events.



Some of the information is required to comply with Sport England's equality policy.

Player Type	Annual Subscription	Discount if paid by 31/10/09	Match Fees (Paid per Game)	Player Type
Adult Player	£100.00	£15.00 (£85 to Pay)	£8.00	
Student (Over 18)	£60.00	£15.00 (£45 to Pay)	£4.00	
Student (Under 18)	£60.00	£15.00 (£45 to Pay)	£4.00	
Academy	£45.00	£10 for 2 nd Child, £20.00 for 3 rd + Child		
Wildcat	£45.00	£10 for 2 nd Child, £20.00 for 3 rd + Child		
Non- Playing	£15.00	£0.00		
Please tick Player type and indicate Subscription amount to be paid (Cheques payable to Wallingford Hockey Club)				£

Surname		Forename	
Address			
		Post Code	
Email			
Email of Parent if a Wildcat			
Date of Birth			
Contact Tel	Home	Gender	Male [] Female []
	Mobile		
Do you have a disability? Yes [] No []		Ethnic Group	White [] Mixed [] Asian/Asian British [] Black/Black British [] Chinese/other ethnic group []
If Yes, what is the nature of your disability?			

MEDICAL DETAILS

Date of last tetanus injection	
Please detail below any important medical information that our coaches should be aware of (eg: epilepsy, asthma, diabetes etc) and note the treatment or medication required.	

EMERGENCY CONTACT DETAILS

Please indicate who should be contacted in case of an incident/accident	
Contact Name	
Relationship to Player	
Contact Number(s)	

FOR UNDER 18 PLAYERS ONLY

PARENTAL CONSENT

By returning this completed form, I agree to the above named child taking part in activities of the club including away fixtures.

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

In the event of being unable to contact me, I give consent for the Youth Development Officer/Child Welfare Person to act on my behalf.

Name of Parent/Guardian (print)			
Signature of Parent/Guardian		Date	

FOR OVER 18 PLAYERS ONLY

I confirm that all above details are correct and will inform the Club Captain if any details change within the season.

Signature of Player		Date	
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By signing this form you are giving permission for any photos taken of you to be used for publicity purposes for Wallingford Hockey Club i.e. on our website or in HC publications etc. If you do not wish for any photos taken of you to be used please tick the box

If you do not wish for any photos taken of you to be used please tick the box

Club Administration Only

<i>Date details added to database?</i>		<i>Yearly Subscriptions received with form?</i>	
		<i>Amount Received</i>	