

Kirkby Lonsdale Hockey Club Membership Registration Form

2018 / 2019



www.klhc.co.uk - klhockeyclub@klhc.co.uk - twitter: @klhockeyclub

All prospective members of Kirkby Lonsdale Hockey Club are required to complete this Registration Form and return it with payment prior to selection for the league season. NO form = NO insurance = NO training.

Note: Club insurance is England Hockey's standard insurance. Some members may wish to take out additional cover depending on personal circumstances.

All personal details on this form will be restricted to authorised club officers only.

SECTION 1: MEMBER CONTACT INFORMATION

FULL NAME:	DATE OF BIRTH:
ADDRESS:	HOME PHONE:
	MOBILE PHONE:
TOWN:	E-MAIL ADDRESS:
POST CODE:	

SECTION 2: MEMBERSHIP TYPE

TYPE	DESCRIPTION		<input checked="" type="checkbox"/>
SENIOR	Full Membership - U14s and older (school year 8 and upwards)	£100	
JUNIOR	Junior Membership - U12s & U10s (school year 7 and below)	£70	

Please detail your hockey group: *Men / Ladies / U14 / U12 / U10*

Membership fees should be paid by direct transfer (BACS), or by cheque to "Kirkby Lonsdale Hockey Club"

For BACS, please use the following details:

Account Number: 90029696

Sort Code: 204528

Reference: [player's surname][player's first initial][group - M/L/U14/U12/U10], eg: Joe Bloggs, Men's = BLOGGSJM

Please note that due to increased coaching costs, sibling and volunteer discounts have been discontinued. Coaches and umpires will be compensated at the agreed rate.

SECTION 3: MEMBER INFORMATION

This section is optional and will be used for club development purposes only

STUDENTS - What school/college/university do you attend ? What year are you in ?
NON-STUDENTS - What is your occupation ?
Would you be interested in learning to coach or umpire ? (Please state)
Would you be interested in being a team manager or club officer ? (Please state)
What skills do you have that might help develop the club ? (eg: web design, accounting, printing, planning, sponsorship etc.)

SECTION 4: PLAYER MEDICAL INFORMATION

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. Access to these details is by relevant authorised club officers only.

	RELATIONSHIP:	MOBILE PHONE NUMBER:
Emergency Contact 1:		
Emergency Contact 2:		

DOCTOR'S NAME:	SURGERY:
	DOCTOR'S TEL:
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? Is there any medical issue of which we should be aware?	

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SECTION 5: DECLARATIONS AND CONSENT

TO BE COMPLETED BY PARENT OR GUARDIAN IF PLAYER UNDER 18

Please tick each box (where appropriate) where you agree. Delete if you do not agree.

<input type="checkbox"/>	General:
<input type="checkbox"/>	I confirm that all information provided on this form is accurate, and I will undertake to advise the Club of any changes to this information.
<input type="checkbox"/>	As the person completing this form, I confirm that each person whose information is included on it knows what will happen to the information and how it may be disclosed.
<input type="checkbox"/>	Protective Equipment:
<input type="checkbox"/>	KLHC requires players to wear a gumshield and shinpads during training and matches. I understand that not wearing these protective items whilst training / playing hockey is at my (my child's) own risk.
<input type="checkbox"/>	Under 18 Consent:
<input type="checkbox"/>	I confirm that I have legal responsibility for the child named on this form and am entitled to give consent.
<input type="checkbox"/>	I consent to my child travelling to venues for matches and training by transport provided by the Club which may include travelling in other players private cars, with my permission.
<input type="checkbox"/>	I confirm that I am aware that I am responsible for ensuring that my child arrives and leaves safely from the astroturf pitch (not the road or carpark).
<input type="checkbox"/>	I consent to the Club photographing or videoing my child and my child's involvement in hockey under the terms and conditions in the Club's privacy policy relating to photography / video.
<input type="checkbox"/>	I confirm that I have read the Parents'/Guardians' code of conduct (www.klhc.co.uk KLHC Club Rules).
<input type="checkbox"/>	I confirm that my child has read the Junior members' code of conduct (www.klhc.co.uk KLHC Club Rules).
<input type="checkbox"/>	Medical Consent:
<input type="checkbox"/>	I confirm to the best of my knowledge, that I (my child) do not suffer from any medical condition other than those detailed by me in Section 4 of this form.
<input type="checkbox"/>	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.
<input type="checkbox"/>	In the event that I am (my child is) injured I give my permission for the team managers/coaches appointed by Kirkby Lonsdale HC to obtain emergency medical treatment on my (their) behalf.
<input type="checkbox"/>	Consent regarding Safeguarding Policies:
<input type="checkbox"/>	I confirm I have read, or have been made aware that the Club has adopted the England Hockey (EH) Safeguarding of Young People in Hockey Policy regarding changing, showering, transport, managing children away from the Club, missing children, children playing in adult matches, anti bullying and the code of conduct, social media, text and e-mail. These policies are available to read on the KLHC and EH websites.
<input type="checkbox"/>	I understand and agree to the responsibilities which I (my child) have (has) in connection with these policies.
<input type="checkbox"/>	Consent to collect, retain and use personal data::
<input type="checkbox"/>	<p>Personal information is subject to the Data Protection Act and General Data Protection Regulation.</p> <p>The Club will use the information provided on this form, as well as other information it obtains about the player (together "Information") to administer his/her hockey activity, and in any activities in which he/she participates through the Club and to care for, and supervise activities in which he/she is involved.</p> <p>Some of the information disclosed on this form is considered personal information. It is used, stored and shared by the Club in line with the Club's Privacy Policy. Please see our website: www.klhc.co.uk</p> <p>The data given on this form will be restricted to authorised club officers only.</p> <p>In order to play in competitive matches in which results are recorded, the Club may be required to disclose information to County Boards, Leagues and to EH (England Hockey).</p> <p>In the event of a medical or child safeguarding issue arising, the Club may disclose certain information to doctors or other medical specialists and/or to police, children's social care, the courts and/or probation officers and, potentially, to legal and other advisers involved in an investigation.</p>
<input type="checkbox"/>	I confirm I have read, or have been made aware of, the Club's policies concerning data protection, and consent to the Club storing and sharing this data with Club data controllers, coaches and team managers and with third parties to facilitate the participation in Club activities and the development of the game of hockey.
Signature of Player / Parent / Guardian / Carer:	
Name (Capitals):	
Date:	
Player's Name:	

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SECTION 6: ETHNICITY & DISABILITY

The following sub-sections are optional, however 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. In order to help identify any issues, England Hockey requests this data from clubs to give an accurate picture of our membership.

PLEASE TICK THE BOX THAT DESCRIBES YOUR ETHNICITY

White British	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British - Bangladeshi	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian or Asian British - Other	<input type="checkbox"/>
Mixed - White and Black Caribbean	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>
Mixed - White and Black African	<input type="checkbox"/>	Black or Black British - Africa	<input type="checkbox"/>
Mixed - White and Asian	<input type="checkbox"/>	Black or Black British - Other	<input type="checkbox"/>
Mixed - Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

PLEASE TICK TO INDICATE ANY LEARNING OR PHYSICAL DISABILITIES

Deaf	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Visually impaired	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Hearing impaired	<input type="checkbox"/>	Multiple disability	<input type="checkbox"/>

Please add any additional relevant information:

To ensure that we have the correct contact details for you, please check that you have completed all the information requested above and return the form to your *Team Manager*, or the *Club Membership Secretary*.
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. If any details change throughout the course of the season, please let us know.