



### BURTON HOCKEY CLUB MEMBERSHIP FORM 2018 / 2019

Club Name:	<b>SENIOR &amp; ACADEMY</b>	
Secretary name and contact details:	<b>ANDY BALL</b> <b>21 SILKSTONE CLOSE</b> <b>CHURCH GRESLEY</b> <b>DERBYSHIRE</b> <b>DE11 9PE</b>  <b>TEL: 01283 219503</b> <b>07970 857417</b>	<b>EMAIL: <a href="mailto:academy.secretary@burtonhockeyclub.org.uk">academy.secretary@burtonhockeyclub.org.uk</a></b>
Website address:	<b><a href="http://www.burtonhockeyclub.org.uk">www.burtonhockeyclub.org.uk</a></b>	

All prospective members of Burton Hockey Club and Academy 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.

2018/19 Membership: **Deadline for payment is 30<sup>th</sup> September 2018. Please note: non-members will be unable to represent Burton Hockey Club for tournaments or matches and will only be eligible to attend training for the trial period.**

#### SECTION ONE: PLAYER CONTACT INFORMATION

<b>Title:</b>	<b>Surname:</b>	<b>First Name(s):</b>

<b>Date of birth:</b>	<b>School/College:</b>

<b>Home Address:</b>
<b>POSTCODE:</b>

<b>Home Phone number:</b>	<b>Parent/Guardian Mobile number:</b>	<b>Parent/Guardian Email address:</b>

#### SECTION TWO: MEMBERSHIP TYPE

Member Type	Description	Match Fee	Fee	Please Tick
Senior	Full Senior Membership	£10	£100	
U18	Full time students & U18s playing Senior matches	£7	£60	
Academy	Full time U13s	£3/£5	£25	
Social	For parents and friends	n/a	£20	



**SECTION THREE: MEDICAL INFORMATION & CONSENT**

(To be completed by PARENT or LEGAL GUARDIAN if under 18)

In case of emergency and as part of Burton Hockey Club Academy's responsibility to its membership, ALL members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised officers only.

Next of Kin:	Relationship:	Mobile Phone Number:

Doctor's Name:	Surgery:	Doctor's Phone Number:

As far as you are aware, are you allergic to any medication? (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 [my son/daughter]\* to be physically fit and capable of full participation and agree to notify the Burton Hockey Academy of any changes to the medical information provided. Furthermore, in the event of injury I give my permission (for my son/daughter)\* for the team managers/coaches appointed by Burton Hockey Club Academy to obtain emergency medical treatment on their behalf.

Signed:	Date:	Relationship:

**SECTION FOUR: Under 18 MEMBER CONSENT**  
(to be completed by PARENT or LEGAL GUARDIAN)

It is a requirement of Burton Hockey Club's Academy policy that parental/legal guardian consent is provided for participation, transportation and photography. Burton Hockey Club's Members Code of Conduct and Safeguarding and Protecting Young People Policy are available in the 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, in transport provided by the club, which may include travelling in other players' private cars.

Signed:	Date:	Relationship:

**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 Burton Hockey Club. Such images shall only be used for publicity/training purposes in accordance with the Burton Hockey Club Safeguarding and 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.

Signed:	Date:	Relationship:



**SECTION FIVE: ETHNICITY & DISABILITY**

Information given here is in order to comply with the England Hockey Equity Policy which has been adopted by Burton Hockey Club.

**ETHNICITY OF CLUB MEMBERS**

Please tick the box that best describes your ethnicity

	TICK		TICK
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	

**DISABILITY OF CLUB MEMBERS**

Please tick to indicate any learning or physical disabilities

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

**SECTION SIX: GDPR**

In accordance with GDPR requirements a copy of the Burton Hockey Club Ltd GDPR policy is available on the Club website. In addition all members will receive a copy of the GDPR Privacy Notice. Please confirm that you have received a copy of the privacy notice and accept the use of the personal data provided here as per the notice.

I have received a copy of the Burton Hockey Club Ltd Privacy Notice and accept.

Signed:	Date:

Please add any additional relevant information below:



PLEASE RETURN THIS FORM, INCLUDING PAYMENT (CHEQUES PAYABLE TO BURTON HOCKEY CLUB or BACS PAYMENT TO ACCOUNT: 10019547 Sort Code 16-33-26) AND 1 PASSPORT SIZED PHOTOGRAPH (IF UNDER 18) TO THE RELEVANT MEMBERSHIP SECRETARY.