

Loddon Womens Hockey Club Club Membership Form 2018/19

All prospective members of Loddon Womens Hockey Club are required to complete this registration form and return it to the Members Secretary. You should read the club Handbook on an annual basis, and ensure prompt payment of Membership Fees is made. All details will be kept in a secure database with access restricted to authorised officers only.

Membership Contact Details

First Name		Surname	
Address			
Postcode		Date of Birth	
Home number		Mobile Number	
Email			
Year of Joining			

*Please note your contact information will always be shared with the player manager and team captains. Your contact information will NEVER be shared outside of Loddon Womens Hockey Club

Annual Membership

Each member is required to pay a combined annual membership and training fee, outlined below. Please tick the membership that applies to you and then the repayment method you would like to use.

Membership Type	Cost	Please Tick
Adult	£85	
Concession (working less than 16hrs per week/full time student/maternity leave/senior citizen)	£65	

Repayment Method	Please Tick
One of Payment: Full amount paid at the start of September (£85/£65)	
Split Fee: Half paid in September, half paid in January (£42.50/£32.50)	
Monthly Instalments: Paid monthly from September to March (£12.15/£9.29)	

Emergency Contact Details

In case of an emergency, and as part of the Loddon Womens Hockey Club responsibility to all its membership, ALL members are required to complete this emergency contact and medical information form as accurately as possible. Details will be held securely with access restricted to authorised members only.

First Name		Surname	
Home number		Mobile number	
Relationship to Member			

IMPORTANT: It is a requirement that all emergency contact details for each member are available on match days. This can be done either 1) by sharing the contact information with at least 4 other members of the team or 2) attaching a keyring to the top of your stick bag, one side with your name and the other with the information above. This needs to be in place by the first game of the season.

Medical Information and Consent

Doctors Name	
Surgery	
Doctors 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 [myself/my daughter]* to be physically fit and capable of full participation in training and matches and agree to notify Loddon Womens Hockey Club of any changes to the medical information provided. Furthermore, in the event of an injury I give my permission [for myself/my daughter]* for the team managers/coaches appointed by Loddon Womens Hockey Club to obtain emergency medical treatment, this may included transporting [myself/my daughter] in private vehicles depending on the nature of [my/my daughter's] injury.

Signed:	Date:	Relationship to member: (if not member)
---------	-------	--

GDPR

Loddon Womens Hockey Club collects personal data for all its members as part of membership records and distribution of information about the club e.g training, matches and other opportunities for members within the club. All personal data is stored securely and never shared outside of the club. Information is updated at the start of every season but if any changes occur you should make the members secretary aware as soon as possible. If you wish to view or make any enquiries about the data we hold please speak to the members secretary.

Under 18 member consent(to be completed by PARENT or LEGAL GUARDIAN)

It is a requirement of Loddon Womens Hockey Club policy that parental/legal guardian consent is provided for participation, transportation and photography. The Loddon Womens Hockey Club Members Code of conduct and Safeguarding and Protecting Young People Policy are available on request. Please delete as appropriate where indicated by a * then sign and date at the bottom.

Transportation: I consent to my 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 there may be times that photographs and/or footage may be taken during matches and training session by approved agents and/or officers of Loddon Womens Hockey Club. Such images shall only be uses for publicity/training purposes in accordance with the Loddon Womens Hockey club safeguarding and Protecting Young People Policy and I give my consent for my 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) ad the club's website.

Signed:	Date:	Relationship to member: (if not member)
---------	-------	--

Ethnicity and Disability

Information in this section is optional and will be used for reporting and development purposes only

Ethnicity of Club Members (please tick the box that best describes your ethnicity)

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

Players with Disabilities (please tick the box if you consider yourself to have any disabilities listed below)

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