

LEWES JUNIOR HOCKEY CLUB  
REGISTRATION FORM

<b>Full Name</b>			
<b>Date of Birth</b>		<b>Age last Birthday</b>	
<b>Address</b>			
<b>Post Code</b>			
<b>Parent Telephone No</b>		<b>Parent Mobile No</b>	
<b>Parent Full Names</b>			
<b>Emergency Contact</b>			
<b>Parent E-mail addresses</b>			
<b>School/College</b>		<b>Year Group</b>	
<b>Subscriptions</b>	<ul style="list-style-type: none"> <li>• <b>Under 12* £50.00</b> (plus £3.50 match fee per match played).</li> <li>• <b>Under 18* £75 Lion/Lioness</b> (plus £3.50 match fee per match played).</li> <li>• <b>Under 18* £75 Playing in an adult side <u>Plus £70 match fee</u></b></li> <li>• * Under age as at 1<sup>st</sup> September</li> </ul>		

**Under 18 Medical Consent**

*(To be completed by parent or guardian for all Under 18 members) \* delete where applicable*

I am pleased to allow my son/daughter\* to participate in Lewes Hockey Club hockey fixtures, coaching and training sessions. I consider my son/daughter\* to be physically fit and capable of full participation, but in the event that he/she should be injured when I am not present, I give my permission for the team manager/coach to obtain emergency medical treatment on his/her behalf.

Does your son/daughter have any allergies?(Y/N)..... Details.....

Does your son/daughter need any regular medication or treatment? (Y/N).....Details.....

When was the last time that your son/daughter was vaccinated against Tetanus? .....

**APPROVAL**

I agree to my son/daughter joining Lewes Junior Hockey Club and taking part in the activities organised by them.

I agree to my son/daughter travelling by car driven by a club member/ or any other parent to any event

I agree to my son/daughter being photographed for local media and website use (no names will appear)

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

Name of Parent / Guardian.....

Signature of Parent Guardian.....Date: .....

**SECTION 1: MEDICAL INFORMATION & CONSENT**

(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 attendees are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised officers only.

<b>NEXT OF KIN</b>		<b>RELATIONSHIP</b>		<b>MOBILE PHONE</b>	
<b>DOCTORS NAME</b>		<b>SURGERY</b>		<b>PHONE</b>	
As far as you are aware, do you have allergies? (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 son/daughter)* to be physically fit and capable of full participation and agree to notify the Club of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission (for my son/daughter)* for the team managers/coaches appointed by the Club to obtain emergency medical treatment on my behalf.					
<b>SIGNED</b>		<b>DATE</b>		<b>(RELATIONSHIP)</b>	

**SECTION 2: UNDER 18 MEMBER CONSENT (\*\*TO BE COMPLETED BY PARENT/GUARDIAN\*\*)**

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 by 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 maybe taken during matches and training sessions by approved agents and/or officers of the Club. Such images shall only be used for publicity/training purposes in accordance with the Club Safeguarding and Protecting Young People in Hockey Policy and Photography Policy and 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 ie local newspapers, local magazines, other promotional articles (inc. flyers) and the Club website.

**DETAILS:** I consent to these details being passed onto Regional and National Associations

<b>SIGNED</b>		<b>DATE</b>		<b>RELATIONSHIP</b>	
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