

# 2010-2011 REGISTRATION FORM

*Dart Hockey Club*

www.darthockeyclub.co.uk



All prospective members of Dart Hockey Club 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 club officers only.

## SECTION 1: MEMBER CONTACT INFORMATION

<b>TITLE</b>	Mr/Mrs/Miss/Ms (Please Circle)		
<b>FULL NAME</b>			
<b>ADDRESS</b>		<b>DATE OF BIRTH</b>	<b>AGE</b>
		<b>HOME PHONE</b>	
<b>TOWN</b>		<b>MOBILE PHONE</b>	
<b>POSTCODE</b>		<b>EMAIL</b>	

## SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	PLEASE TICK
SENIOR	Full Senior Membership	£100	
JUNIOR	Full time students or members under 18	£60	
FAMILY	£20 less for each junior. Eg. 2 Adults, 1 Child (£200 + 40)		
UNEMPLOYED	For players who are REGISTERED unemployed (Proof required)	£60	
NON-PLAYING MEMBER	For any member who wishes to or can not play. Eg. Umpires	£5	

## SECTION 3: MEMBER INFORMATION

(Please tick or fill the boxes which are relevant – if you are a player but also a qualified umpire please state this)

<b>PLAYER</b>	<input type="checkbox"/>	<b>UMPIRE</b>	<input type="checkbox"/>	<b>COACH</b>	<input type="checkbox"/>	<b>OTHER (Please State)</b>	<input type="checkbox"/>
<b>OCCUPATION</b>			<b>WHAT SCHOOL DO YOU ATTEND?</b>				
Would you be interested in learning to coach and/or umpire?							
Would you be interested in being a team manager or club officer?							
What skills do you have that could help develop the club? Eg. Web design or sponsorship etc							

## SECTION 4: MEDICAL INFORMATION AND CONSENT (To be completed by a parent or guardian if under 18)

In case of emergency and as part of the clubs responsibility to its membership, ALL club members are required to complete this medical information form as accurately as possible.

<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, are you allergic to any drugs? (Please State)					
Are you taking any 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 Dart Hockey Club to obtain emergency medical treatment on my behalf.					
<b>SIGNED</b>		<b>DATE</b>		<b>(RELATIONSHIP)</b>	

## SECTION 5: UNDER 18 MEMBER CONSENT

(To be completed by the parent or guardian. Please delete as appropriate where indicated by a \*)

It is a requirement of the club's policy that parental consent is provided for participation, transportation and photography.

**CHANGING:** I understand that if my son/daughter is selected to play for an adult team, they will be changing in a changing room where there will be adults present.

**TRANSPORTATION:** I consent to my son/daughter\* travelling to venues for matches and training by transport provided by the club which will 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 maybe times that photographs and/or footage maybe taken during matches and training sessions by approved agents and/or officers of Dart Hockey Club. Such images shall only be used for publicity/training purposes in accordance with the Dart 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 Eg. Local Newspapers, Local Magazines, other promotional articles (inc. flyers) and the club's website.

SIGNED	DATE	RELATIONSHIP
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**SECTION 6: ETHNICITY AND DISABILITY**

Sport England and England Hockey are committed to promoting and developing sports equity, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of people in sports clubs, national governing bodies of sport and Sport England can identify any issues relating to under representation of different groups and can develop strategies to ensure that all people have the opportunity in the future to develop and progress in sport.

England Hockey requests this data from clubs as part of the annual affiliation process and completing this data accurately enables the club to give an accurate picture to England Hockey on our membership.

PLEASE TICK THE BOX THAT BEST 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 – African	<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"/>
		I'd rather not disclose my Ethnicity	<input type="checkbox"/>

PLEASE TICK TO INDICATE ANY LEARNING OR PHYSICAL DISABILITIES

Deaf	<input type="checkbox"/>	*Please add any additional relevant information
Visually Impaired	<input type="checkbox"/>	
Hearing Impaired	<input type="checkbox"/>	
Physical Disability	<input type="checkbox"/>	
Learning Disability	<input type="checkbox"/>	
Multiple Disability	<input type="checkbox"/>	
Other *	<input type="checkbox"/>	

To ensure that we have the correct contact details for you, please complete and return this form to Dan Smith. 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.