Please complete and return this form (using block capitals) to register your child to join the Junior Sessions at Addiscombe Hockey Club. The information provided will be stored in our secure database with restricted access.

Child’s Name ……………………………………………………………………………………….

Date of Birth ……………………………………………………………………………………….

Address ……………………………………………………………………………………….

……………………………………………………………………………………….

……………………………………………………………………………………….

Postcode ……………………………………………………………………………………….

Child’s Email (U14/U16/U18 Only)………………………………………………………………………………………

Home Telephone No. ……………………………………………………………………………………….

Current School ……………………………………………………………………………………….

Current School Year ……………………………………………………………………………………….

Parent/Guardian Contact Details:

*Parent/Guardian 1 (mandatory)*

Name ……………………………………………………………………………………….

Relationship to child ……………………………………………………………………………………….

Mobile Number ……………………………………………………………………………………….

Email Address ……………………………………………………………………………………….

*Parent/Guardian 2 (optional)*

Name ……………………………………………………………………………………….

Relationship to child ……………………………………………………………………………………….

Mobile Number ……………………………………………………………………………………….

Email Address ……………………………………………………………………………………….

Medical Details

Doctor’s Name ……………………………………………………………………………………….

Surgery ……………………………………………………………………………………….

Is your child allergic to any drugs?……………………………………………………………………………………….

Is any regular medication being taken, and if so, for what reason?

……………………………………………………………………………………….

Does your child suffer from any long term illnesses or injuries?

……………………………………………………………………………………….

Disabilities

Does your son/daughter have any physical or learning disabilities, if so please note below:

Deaf …… Physical disability …………………………………………………..

Visually Impaired …... Learning disability …………………………………………………..

Hearing impaired …… Multiply disability …………………………………………………..

Other …………………………………………………..

Consent

I consider my son/daughter to be fit and capable of full participation and agree to notify Addiscombe Hockey Club, in writing to any changes to the medical information provided.

In the event that my son/daughter is injured I give permission for members of the Addiscombe Hockey Club to obtain emergency medical treatment on my behalf.

I consent to my son/daughter/child being photographed or filmed for the use by the Club or local newspapers/magazines for general training or promotional uses. Such images will only be used in line with the safeguarding children policies.

The club maintains your information and that of your children. It may be shared with the officers and team managers where necessary and only on a need to know basis to enable smooth running of the section. From time to time we may be required to provide name and date of birth to tournament organisers to prove eligibility. Do you consent to sharing your information as described to:

Officers / Managers …………………… (we will be unable to accept membership without this consent)

Tournament Organisers ……………………

Sign ………………………………………………………………… Print ……………………………………………………………………………………….

Date ……………………………………………………………… Relationship to member …………………………………………………………

Payment

The membership fee for 2021-22 is £100.00 (U8 – U12) or £120.00 (U14-U18) with a £10 sibling discount for each child thereafter. Please ensure payment is made by 31st October. The payment can be made as follows;

* **Electronically**

Sort: 20-24-64

Acc. No.: 40614092

Please reference it with your child’s surname and first initial, when paying for more than one child it may go on a single transfer but please note this on this form

Submission

Please return the form to Gail Oubridge – Addiscombe H.C. Junior Chair or email [addiscombe.juniors@gmail.com](mailto:addiscombe.juniors@gmail.com)