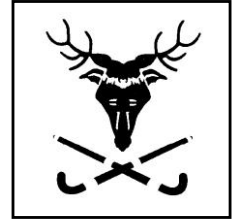


# CLUB MEMBERSHIP FORM (ALL TYPES)

## WEST BROMWICH HOCKEY CLUB

Club Name:	<b>WEST BROMWICH HOCKEY CLUB</b>
Membership Secretary name and contact details:	<b>ROBERT CLARKE, 24 PARK AVENUE, ROWLEY REGIS B65 9ES TEL: 0121 561 5388 E-MAIL: <a href="mailto:gb2006@tiscali.co.uk">gb2006@tiscali.co.uk</a></b>
Website address:	<b><a href="http://www.westbromhc.co.uk">www.westbromhc.co.uk</a></b>



All prospective members of WEST BROMWICH 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 officers only.

2010/11 membership – SENIOR, JUNIOR, VICE PRESIDENT, SOCIAL, VOLUNTEER

### SECTION ONE: Member Contact Details

Title:	Surname:	First Name(s):
Date of birth:		
Home address:		
POSTCODE:		
Daytime phone number:	Evening phone number:	Email address:

### SECTION TWO: Membership type

Member Type	Description	Fee	Please Tick
Senior	Full Senior Membership (Match Fee = £8, free training )	<b>£25</b>	
Youth/Student/ unemployed	Full time students and U18s playing Senior Matches (Match Fee = £5 )	<b>£25</b>	
Junior	The Junior fee includes all Junior sessions from September to April plus Full junior membership (£2 training fee covers match day fee on the same day).	<b>£5</b>	
Vice President	Vice President membership	<b>£25</b>	
Social	For parents and friends.	<b>£25</b>	

### SECTION THREE: Member Information

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

STUDENTS – What school/college or university do you attend?	
NON-STUDENTS – What is your occupation?	
Would you be interested in learning to coach and/or umpire? (Please state)	
Would you be interested in being a team manager or officer? (Please state)	
What skills do you have that could help develop the WEST BROMWICH HOCKEY CLUB? (e.g. web design, accounting, printing)	

### SECTION FOUR: Medical Information and Consent

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

In case of emergency and as part of the WEST BROMWICH HOCKEY CLUB 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:
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 [myself/my son/daughter]\* to be physically fit and capable of full participation and agree to notify the WEST BROMWICH HOCKEY CLUB of any changes to the medical information provided. Furthermore, in the event that of injury I give my permission (for myself/my son/daughter)\* for the team managers/coaches appointed by WEST BROMWICH HOCKEY CLUB to obtain emergency medical treatment.

Signed:	Date:	Relationship:

**SECTION FIVE: Under 18 member consent (to be completed by PARENT or LEGAL GUARDIAN)**

It is a requirement of WEST BROMWICH HOCKEY CLUB policy that parental/legal guardian consent is provided for participation, transportation and photography. The WEST BROMWICH 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 son/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 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 WEST BROMWICH HOCKEY CLUB. Such images shall only be used for publicity/training purposes in accordance with the WEST BROMWICH 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 SIX: Ethnicity and disability**

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

**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	

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

Please add any additional relevant information:

PLEASE RETURN THIS FORM, INCLUDING PAYMENT (CHEQUES PAYABLE TO WEST BROMWICH HOCKEY CLUB), TO THE MEMBERSHIP SECRETARY. THANK YOU.

NAME: ROBERT CLARKE

ADDRESS: 24 PARK AVENUE, ROWLEY REGIS, B65 9ES.