



# JUNIOR CLUB MEMBERSHIP FORM

## ASHFORD (MIDDX) HOCKEY CLUB

We are very pleased to welcome you to **ASHFORD (MIDDX) HOCKEY CLUB**. To ensure that we have the correct contact details for you, please insert the information requested below and return this form to Peter Cottrell. If you are under 16 please also ask your parents or guardian to sign the form before it is returned.

We will also use this information to ensure that you are kept informed about club events.

### PERSONAL DETAILS

Name: .....

Address: .....

Postcode: .....

Home telephone number: .....

Mobile: ..... email: .....

Date of birth: ..... Gender: ..... Male  Female

In order to help the club monitor its membership can you please tick one of the following boxes to identify your ethnic group:

White .....

Mixed .....

Asian or Asian British .....

Black or Black British .....

Chinese or other ethnic group .....

Do you consider yourself to have a disability? ..... Yes  No

If, yes, what is the nature of your disability? .....

.....

**SPORTING INFORMATION**

Have you played HOCKEY before? ..... Yes  No

If yes, where have you played the sport: (please indicate below)

- Primary school.....
- Secondary school.....
- Local authority coaching session (s).....
- Club.....
- County.....
- Other (please specify):

.....

**MEDICAL INFORMATION**

*Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g epilepsy, asthma, diabetes, etc.)*

.....  
.....

**EMERGENCY CONTACT DETAILS – TO BE COMPLETED BY PARENT/GUARDIAN**

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name(s) (e.g parent(s)/guardian(s)):

.....

Emergency contact number(s): .....

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand that in the event of any 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: .....

## ANNUAL SUBSCRIPTIONS

- |   |                         |
|---|-------------------------|
| 1. Junior playing member<br>(under 18 years at 01.10.06)              | £100 (£8.33p per month) |
| 2. Junior playing member<br>(under 14 years at 01.10.06)              | £60 (£5 per month)      |
| 3. Junior member playing Sundays only<br>(under 18 years at 01.10.06) | £36 (£3 per month)      |

All subscriptions can be paid in 12 monthly amounts by standing order. The figures to the right indicate the figure due. (See the 'Subscription Standing Order' form for details).