



WARWICK HOCKEY CLUB

Founded 1920 • The Pavilion, Hampton Road, Warwick, CV34 6HX • www.warwickhockey.co.uk

exercise...socialise...**energise!**

APPLICATION FOR MEMBERSHIP FOR NEW U18 MEMBERS

Dear Player,

Welcome to the 2016-17 season at Warwick Hockey Club.

Please take the time to read through the information below, fill out **ALL SECTIONS** of the forms enclosed and return them to the club marked for the attention of our Membership Secretary, David Harris, by **30th September 2016**, a signed scanned copy sent to membership@warwickhockey.co.uk is acceptable.

If you have any additional questions please do not hesitate to contact David Harris on 07957 746655 or 0121 456 8716 or membership@warwickhockey.co.uk. In addition a wealth of information is available on the club's website (see above).

Membership Option:- The club has several categories of membership (listed below) and offers 3 payment options to cater for all players' needs and circumstances. For those players that intend to play regularly (more than 15 games in a 27 week season) the club offers a membership discount if you pay up front or by standing order (Option A or B). For players who are not available to play regularly but will be attending training Option C would apply whereby you pay a subscription upfront then match fees as and when required. For a player who does not train and will only play up to 9 games in the season Option D applies:

Membership Categories	Payment options				
	Regular Player		5 to 15 games		No training*
	A ^{1,2}	B ^{1,2}	C		D ⁴
	Full payment up front (£)	Standing Order (£/month for 5 months)	Subscription (before end Sept)	and Match Fees (each match)	Occasional match fee
Under 18	£190	£38	£ 100	£6	£10
Goalkeeper ³ (providing own kit)	£0	N/A	N/A	N/A	N/A
Associate (Social)	N/A	N/A	£ 10	N/A	N/A

Notes:

- Part refunds on Up front and S/O payments will be given if players are prevented from playing due to circumstances beyond their control e.g. injury, moving away (Any such refunds will be at the committee's discretion).
- Options A & B above do not include Cup, Summer League, Mixed or Festival match fees.
- Goalkeepers providing own kit – no kit will be provided by the Club. Where a goalkeeper is provided with kit by the Club the normal player subscription applies.
- Occasional players – please contact membership@warwickhockey.co.uk for further information
 - Does not attend training - upon 10th game for the club FULL SUBS will be due immediately
 - *Attends training - upon 5th game for the club FULL SUBS will be due immediately
- A discount of a 1/3 off your membership fee is available if you attended the 2016 CLUB Day as a new player joining the senior section of the club for the first season. The discount will be based on the payment you make on the CLUB DAY and is either off the Full Payment (A) or the Subscription (C) then match fees are charged as usual.

E: contactus@warwickhockey.co.uk • F: www.facebook.com/warwickhockeyclub • T: @WarwickHockey

U18 MEMBERSHIP REGISTRATION

Please complete all sections as fully as possible

U18 Member Name		Date of Birth	
Address including Post code			
Home Telephone		School/ College	
Playing Section (Please tick)	<input type="checkbox"/> Men <input type="checkbox"/> Ladies	Previous Club (if within last 12 mths)	
Player's Hockey Qualifications (e.g. coaching, umpiring)		Player's Allergies/ Medical Conditions	PLEASE SEE MEDICAL INFORMATION & CONSENT OVERLEAF
Parent / Guardian E-mail Address		Parent / Guardian Occupation and Employer's Name	
Parent / Guardian Mobile Telephone		Parent / Guardian Work Telephone	
The club may, on occasions, send SMS text messages to your mobile phone to inform you of any changes in training or notify you of social events. Please tick the box if you DO NOT wish to receive these SMS text messages.			<input type="checkbox"/>

Membership Category (Please tick)	<input type="checkbox"/> Under 18 <input type="checkbox"/> Associate <input type="checkbox"/> Goalkeeper	Payment Option (Please tick)	<input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> D
<p>If you have chosen payment option A or C, please either enclose a cheque made payable to "Warwick Hockey Club" or make a direct transfer to the club bank account with a reference as shown below:</p> <p>If you have selected option B, please set-up a Standing Order with your bank and then email membership@warwickhockey.co.uk with details of your S/O and reference and 1st payment date.</p> <p>Barclays Bank Please tick the appropriate option below: Sort Code: 20-48-08 <input type="checkbox"/> Cheque enclosed Account Number: 00031429 <input type="checkbox"/> Direct transfer made</p> <p>Reference: "your name" – subs/ match fees e.g. D SIMPSON SUBS</p>			
Signature of parent or guardian		Date	

Please note that we hold and use this information solely for the purposes of club administration. We will not pass this information to anyone outside the club, and we will delete it if you leave the club. It will certainly not be passed to any outside body without your prior consent.

THE COMMITTEE RESERVES THE RIGHT TO REFUSE OR RESCIND MEMBERSHIP. THE COMMITTEE'S DECISION IS FINAL. PLAYERS MUST WEAR SHIN PADS AND ARE ADVISED TO WEAR GUM SHIELDS. APPROPRIATE CLOTHING WHEN PLAYING OR TRAINING MUST BE WORN AT ALL TIMES. IF CLUB KIT IS REQUIRED PLEASE CONTACT US. PLEASE REPORT ANY INJURIES.

WARWICK HOCKEY CLUB DOES NOT CARRY PERSONAL ACCIDENT INSURANCE AND ADVISES PLAYERS TO CONSIDER THEIR REQUIREMENTS IN THIS REGARD – CONTACT OUR MEMBERSHIP SECRETARY (details on front page) IF YOU WOULD LIKE MORE INFORMATION

MEDICAL INFORMATION & CONSENT

(To be completed by PARENT or GUARDIAN for under 18s)

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. Details will be held securely with access restricted to authorised club officers only.

U18 MEMBER NAME					
NEXT OF KIN		RELATIONSHIP		MOBILE PHONE	
DOCTORS NAME		SURGERY		PHONE	
TETANUS – When did your son / daughter* last receive a Tetanus vaccination? Date:					
ALLERGIES - As far as you are aware, is your son / daughter* allergic to any drugs? NO / YES* (If Yes – please state)					
MEDICATION - Is your son / daughter* taking any regular medication? NO / YES* (If Yes – please state reason)					
MEDICAL CONDITIONS - Does your son / daughter* have any long term medical conditions, including allergies, illnesses or injuries? NO / YES* (If Yes – please state)					
Declaration: I consider 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 my son/daughter* is injured I give my permission for the team managers/coaches/ captains of WHC or appointed by ANOTHER HC to obtain emergency medical treatment on my behalf.					
SIGNED		DATE		(RELATIONSHIP)	

SPORTS EQUITY MONITORING

Sport can and does play a major role in promoting the inclusion of groups in society. However inequalities have traditionally existed within sport, particularly in relation to gender, race and disability. Sport England is committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of young people in sports clubs, national governing bodies of sport, Sport England can identify any issues relating to under-representation of different groups and can together develop strategies to ensure that all young people have the opportunity in the future to develop and progress in sport.

Ethnicity:

In order to help the club monitor its membership can you please tick one of the following boxes to identify my son/daughter* ethnic group or origin (Please note that this is voluntary):

White			
<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other, please specify	
Black or Black British			
<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other, please specify	
Asian or Asian British			
<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other, please specify
Mixed			
<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Other, please specify	
Chinese or other ethnic group			
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other, please specify		

Disability:

The Disability Discrimination Act 1995 defines a disabled person as anyone with “a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”.

If you consider yourself (your son/daughter)* to have a disability please indicate it below:

<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Other (Please Specify)		

UNDER 18s PARENT/ GUARDIAN CONSENT

To be completed by parent or guardian for all Under 18 members. Please read (and delete or complete as required) the points below and sign at the bottom of the sheet:

U18 MEMBER NAME:	
1.	Participation: I am pleased to allow my son/daughter* to participate in Warwick 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/captain (or captain's representative on the day) to obtain emergency medical treatment on his/her* behalf.
2.	Filming/video/photography. In some environments, particularly adult competitions 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 WARWICK HC. Such images shall only be used for publicity/training purposes in accordance with the WARWICK HC 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 grant permission for images to be used (as reproductions or adaptations) for all general purposes ie local newspapers, local magazines, other promotional articles (inc. flyers) and the club's website and social media to include members Facebook page and twitter. If you have any concerns please contact the Child Welfare Officer by email: welfare@warwickhockey.co.uk . <input type="checkbox"/> Tick if you DO NOT GIVE PERMISSION for Warwick HC to use images of your son / daughter
3.	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. <input type="checkbox"/> Tick if you DO NOT GIVE PERMISSION for your son / daughter for transportation.
4.	I have completed MEDICAL INFORMATION & CONSENT form and will inform the team manager of any changes.
5.	I will inform the team manager of any changes to the details given above.
6.	For some of our teams, which largely consist of younger players, we are always searching for volunteers to help out with coaching and match day transport and administration. If there is something you would be able to help with please can you let us know and we will get in contact with you. <input type="checkbox"/> I will be able to assist with transport on match days (Saturdays / Sundays) subject to other commitments <input type="checkbox"/> I am interested in helping with coaching / management of the younger teams

*Delete as applicable

Parent/ Guardian Details

Name:	Signed:	Date
<p>If you would like a user name and password for the club website so that you can track what is going on at the club please supply your email address and telephone number:</p> <p>Parent / Guardian Email:</p> <p>Parent / Guardian Telephone:</p>		
<p>Additional Comments</p>		