



# WARWICK HOCKEY CLUB

Hampton Road, Warwick, CV34 6HX  
www.warwickhockey.co.uk  
(Tel. 01926 491569)

## APPLICATION FOR MEMBERSHIP

**Dear Player,**

Welcome to the 2009/10 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, Tom Avery, by **31 October 2009**.

If you have any additional questions please do not hesitate to contact Tom Avery on 07795 694 287 or [membership@warwickhockey.co.uk](mailto:membership@warwickhockey.co.uk).

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 (16+ games in the 26 week winter season) the club offers a membership discount if you pay up front or by standing order (Option a or b):

Membership Categories	Payment options				
	A <sup>1,2</sup>	B <sup>1,2</sup>	C		D <sup>4</sup>
	Full payment up front (£)	Standing Order (£/month for 5 months)	Subscription (before end Sept)	and Match Fees (each match)	Occasional match fee (Max 4 games per season)
Seniors (18+)	£250	£50	£140	£7	£10
Students (Full time education) or UB40	£160	£32	£ 80	£5	£8
Juniors (U18)	£140	£28	£ 55	£5	£8
Goalkeeper <sup>3</sup> (providing own kit)	£0	N/A	N/A	N/A	N/A
Associate (Social)	N/A	N/A	£ 10	N/A	N/A
	<b>Subs before end Sept</b>	<b>Subs before end October</b>	<b>Subs after November 1st</b>	<b>Match Fees:</b>	
Veterans (Vets games only)	£70	£80	£100	£7	N/A

Notes:

1. 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 (Refunds will be at the committee's discretion).
2. Options A & B above do not include Cup, Summer League or Festival match fees.
3. Goalkeepers providing own kit – No kit will be paid for by club
4. Occasional players – upon 5<sup>th</sup> game for the club FULL SUBS will be due immediately please contact [membership@warwickhockey.co.uk](mailto:membership@warwickhockey.co.uk) for further information

All members who have returned their membership form with payment by 31 October 2009 will be entered into a prize draw to win a new club rain jacket. The draw will take place at the club on Friday 6th November 2009.

## MEMBERSHIP REGISTRATION

**Please complete all sections as fully as possible**

Name		Date of Birth	
Address including Post code			
Home Telephone		Mobile Telephone	
Work Telephone		E-mail Address	
School/ College		Allergies/ Medical Conditions	PLEASE SEE OVERLEAF
Section (Please tick)	<input type="checkbox"/> Men <input type="checkbox"/> Ladies	Previous Club (if within last 12 mths)	
Occupation and Employer's Name		Hockey Qualifications (e.g. coaching, umpiring)	
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 <b>DO NOT</b> wish to receive these SMS text messages.			<input type="checkbox"/>

Membership Category (Please tick)	<input type="checkbox"/> Senior <input type="checkbox"/> Student <input type="checkbox"/> Junior	<input type="checkbox"/> Goalkeeper <input type="checkbox"/> Associate <input type="checkbox"/> Vet	Payment Option (Please tick)	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> C <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 complete a Standing Order form and pass it to your bank, then email <a href="mailto:membership@warwickhockey.co.uk">membership@warwickhockey.co.uk</a> with details of your S/O and reference.</p> <p>Barclays Bank Sort Code: 20-48-08 Account Number: 00031429</p> <p>Reference: "your name" – subs/ match fees e.g. D SIMPSON SUBS</p> <p style="text-align: right;">Please tick the appropriate option below:</p> <input type="checkbox"/> Cheque enclosed <input type="checkbox"/> Direct transfer made					
Signature			Date		
Signature of parent or guardian if under 18			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 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. Details will be held securely with access restricted to authorised club officers only.

<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 regular medication? If so, for what reason?					
Do you have any long term illnesses or injuries?					
<b>Declaration:</b> 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 ANOTHER HC to obtain emergency medical treatment on my behalf.					
<b>SIGNED</b>		<b>DATE</b>		<b>(RELATIONSHIP)</b>	

## 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 your ethnic group or origin (Please note that this is voluntary):

White	British	
	Irish	
	Other	
Mixed	White & Black Caribbean	
	White & Black African	
	White & Asian	
	Other	
Asian Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Other	
Chinese	Chinese	
Other	Other	

### 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 to have a disability please indicate it below:

Visual Impairment	Learning Disability
Hearing Impairment	Multiple Disabilities
Physical Disability	Other (Please Specify)

## UNDER 16's PARENT/ GUARDIAN CONSENT

To be completed by parent or guardian for all Under 16 members. Please read (and delete or complete as required) the points below and sign at the bottom of the sheet:

1.	<p><b>Participation:</b> 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.</p>
2.	<p><b>Filming/video/photography.</b> 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 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 ie local newspapers, local magazines, other promotional articles (inc. flyers) and the club's website. If you have any concerns please contact the Junior Welfare Officer as detailed in the club handbook/fixture book.</p>
3.	<p><b>Transportation:</b> 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.</p>
4.	<p>Does your son/daughter have any allergies? Yes/No* (If Yes – please state)</p>
5.	<p>Does your son/daughter need any regular medication or treatment? Yes/No* (If Yes – please state)</p>
6.	<p>When was the last time that your son/daughter was vaccinated against Tetanus? Date:</p>
7.	<p>I will inform the team manager of any changes to the details given above.</p>
8.	<p>For some of our teams, which largely consist of junior 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.</p> <p><input type="checkbox"/> I will be able to assist with transport on match days (Saturdays / Sundays) subject to other commitments</p> <p><input type="checkbox"/> I am interested in helping with coaching / management of the junior teams</p>

\*Delete as applicable

### Parent/ Guardian Details

<p><b>Name:</b></p>
<p><b>Signed:</b></p>
<p><b>Date</b></p>
<p><b>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:</b></p> <p><b>Email:</b></p> <p><b>Telephone:</b></p>
<p><b>Additional Comments</b></p>