



WOKING HOCKEY CLUB

MEMBER REGISTRATION FORM 2009/10



Please complete and return to:
Julie Green, 2 Old Avenue Close, West Byfleet, Surrey, KT14 6AY

All prospective members of Woking Hockey Club are required to complete this registration form and return it, with the correct payment, to Julie Green at the above address prior to selection for the league season. Please make cheques payable to "Woking Hockey Club".
Please write the name of the player(s) you are paying for on the reverse of your cheque.

All details will be kept in a computerised, secure database with access restricted to authorised club officers only.
The club reserves the right not to allow non-members to play in club matches or to attend training from 1st October.

SECTION 1: MEMBER CONTACT INFORMATION

FIRST NAME		HOME PHONE	
SURNAME		MOBILE PHONE	
ADDRESS 1		EMAIL	
ADDRESS 2		SHIRT No.	
ADDRESS 3		GENDER	MALE / FEMALE
TOWN		DATE OF BIRTH	
POSTCODE		PARENT/GUARDIAN	

SECTION 2: MEMBERSHIP TYPE

*** GET A DISCOUNT IF YOU PAY BY 30 SEPTEMBER! ***

MEMBER TYPE	DESCRIPTION	Full†	Discount*	Total	Please Tick
		£	£	£	
SENIOR	Full Senior Membership (Match fee = £10)	200	30	170	
	Full - Mixed only	70	5	65	
	Occasional	65	5	60	
	Non-Playing	55	5	50	
	Discretionary**	25	-	25	
FAMILY	Goalkeepers with own kit	45	5	40	
	Family: 2 Adults and up to 3 Children	400	60	340	
STUDENT	Student (19-22)+ (Match fee = £7)	80	10	70	
JUNIOR	Colts (Age 15-18 on 01/09/2009) (Match fee for senior matches = £7)	75	5	70	
	Colts (Age 9-14 on 01/09/2009) (Match fee for senior matches = £7)	65	5	60	
	Colts (Age 5-8 on 01/09/2009)	50	5	45	

Please note: Children will not be accepted until after their 5th birthday.

- a) † If joining on January 1 or later, 50% of full price is due
- b) * discount available if paid on or before 30 September
- c) + Full time student only
- d) ** umpires and others at the discretion of the Management Committee.
- e) Subscriptions include EHA affiliation fees
- f) 6 month standing order scheme available (September to February). Form on website or email Paddy Blackwell at whc.treasurer@uwclub.net

Please tell us a bit more about yourself and the type of hockey you would like to play:

ADULT MEMBERS: Would you like to play in mixed hockey matches?	
ADULT MEMBERS: What level of hockey would you like to play ? For example, do you want to play in the highest team possible? Would you prefer to stay at your current standard? Would you prefer to play in a team with your friends? Do you not mind so long as you play matches?	
STUDENTS – What school/college or university do you attend?	
NON-STUDENTS – What is your occupation?	

(This information is optional and will be used for club development purposes only)

SECTION 3: VOLUNTEERS / CLUB DUTIES

The club relies heavily on volunteers from within the membership to assist with coaching, umpiring, first aid, team management, fundraising, social activities, administration, marketing and building maintenance. Each and every member, or their parent, is required to “do their bit” to help to run the club. Please state in which capacity you can help.

I am interested in helping to coach and/or umpire (Please state)	
I am interested in learning how to coach and/or umpire (Please state)	
I am interested in being a team manager	
I am interested in helping with the organisation of the club	
I am a first aider / I am interested in becoming a first aider	
I am interested in helping with catering on Sunday mornings (colts section)	
What alternative skills do you have that could help to develop the club? (e.g. web design, accounting, printing, planning, sponsorship, etc)	

SECTION 4: 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.

Please delete as appropriate where indicated by a * then sign and date at the bottom.

NEXT OF KIN		RELATIONSHIP		MOBILE PHONE	
DOCTORS NAME		SURGERY		PHONE	
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?					
Declaration: 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 Woking Hockey Club to obtain emergency medical treatment on my behalf.					
SIGNED		DATE		(RELATIONSHIP)	

SECTION 5: UNDER 18 MEMBER CONSENT **TO BE COMPLETED BY PARENT/GUARDIAN**

It is a requirement of club policy that parental consent is provided for participation, transportation and photography. Woking Hockey Club also requires its members to abide by its Codes of Conduct and Safeguarding and Protecting Young People in Hockey Policies, all of which are available on the club’s website.

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 by 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. There may also be times that photographs and/or video footage maybe taken during matches and training sessions by approved agents and/or officers of Woking Hockey Club. Such images shall only be used for publicity/training purposes in accordance with the Woking Hockey Club Safeguarding and Protecting Young People in Hockey Policy and Photography Policy.

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 i.e. local newspapers, local magazines, other promotional articles (inc. flyers) and the club’s website.

SIGNED		DATE		RELATIONSHIP	
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UNDER 18 DECLARATION **TO BE COMPLETED BY JUNIOR MEMBER**

I have read the junior club rules and agree to abide by them.

SIGNED		DATE	
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SECTION 6: CHILD PROTECTION POLICY

Woking Hockey Club implements the policy and procedures for Child Protection recommended by England Hockey. A full copy of this policy can be found on our website: www.wokinghc.com. Any member wishing to take on an active role in the junior section of the club must contact Sarah Hubbard, the club's welfare officer to check if they require CRB clearance: sez@mail.ie

How to respond to suspicions or allegations of Child Abuse

- If anyone has concerns that abuse may have taken place, these should be directed to the Club Welfare Officer, Sarah Hubbard (sez@mail.ie, 01483 829869 or 07946 486406), who shall report it to the England Hockey (EH) Child Welfare Officer, who will report it to Social Services, the Police or the NSPCC and provide further guidance.
- A full record of what has been said, heard and / or seen including dates and times should be completed and forwarded to the Club Welfare Officer.
- In urgent cases when the Club Welfare Officer is not available the Colts Chairman, or in their absence the England Hockey Child Welfare Officer and/or local Social Services or the Police should be contacted.
- Social Services will always be happy to discuss, even hypothetically, any concerns a person may have about child protection matters and advise on whether it is necessary to make an official referral.

SECTION 7: ETHNICITY & DISABILITY

Whilst it is not compulsory for the following sections to be completed, the paragraph below explains why this personal information is considered to be important.

Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have existed within sport particularly in relation to gender, race and disability. Sport England and England Hockey are 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 people in sports clubs, national governing bodies of sport and Sport England can identify any issues relating to under representation of different groups and can develop strategies to ensure that all people have the opportunity in the future to develop and progress in sport.

England Hockey requests this data from clubs as part of the annual affiliation process and completing this data accurately enables the club to give an accurate picture to England Hockey on our membership.

PLEASE TICK THE BOX THAT BEST DESCRIBES YOUR ETHNICITY

ETHNICITY	TICK BOX	ETHNICITY	TICK BOX
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	

PLEASE TICK TO INDICATE ANY LEARNING OR PHYSICAL DISABILITIES

DISABILITY	TICK BOX
Deaf	
Visually impaired	
Hearing impaired	
Physical disability	
Learning disability	
Multiple disability	

Please add any additional relevant information: