

# LITTLEHAMPTON HOCKEY CLUB MEMBER REGISTRATION FORM

c/o James Porter, 20 Carvel Way, Littlehampton, West Sussex, BN17 6RJ  
 Tel: 01903 726014 email: secretary@littlehamptonhc.co.uk web: www.littlehamptonhc.org.uk



All prospective members of Littlehampton Hockey Club are required to complete this registration form and return it to James Porter, with payment. All details will be kept in a secure database in accordance with the Data Protection Act, with access restricted to authorised club officers only.  
 Some of the information is required to comply with the England Hockey Equity Policy, which has been adopted by the Club.

## SECTION 1: MEMBER CONTACT INFORMATION

<b>TITLE</b>	Mr Mrs Miss Ms Other (Please circle)
<b>FULL NAME</b>	
<b>ADDRESS 1</b>	<b>DATE OF BIRTH</b>
<b>ADDRESS 2</b>	<b>HOME PHONE</b>
<b>TOWN</b>	<b>MOBILE PHONE</b>
<b>POST CODE</b>	<b>E-MAIL</b>

## SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	Please Tick
<b>SENIOR</b>	Full senior membership	£100.00	
<b>STUDENT/UNEMPLOYED</b>	Full time students or Unemployed (over the age of 18)	£50.00	
<b>STUDENT</b>	Full time student (between 16 - 18)	£35.00	
<b>STUDENT</b>	Full time student (playing games) (under the age of 16)	£30.00*	
<b>STUDENT</b>	Full time student (training only)	£ 20.00	
<b>MIXED HOCKEY</b>	Mixed Hockey Player Only (All Ages)	£20.00	
<b>SOCIAL MEMBERSHIP</b>	Social membership	£20.00	

(There is a match levy to be paid at each game to cover ongoing running costs. List of prices can be found on the website)  
 \*This fee includes match fees for the whole season.

**2015 / 16 MEMBERSHIP**

**IF PAYING BY CHEQUE PLEASE SEND CHEQUES MADE PAYABLE TO:- LITTLEHAMPTON HOCKEY CLUB**

**DEADLINE FOR PAYMENT IS October 31<sup>st</sup> AFTER WHICH PLAYERS WHO HAVE NOT PAID MAY NOT BE ALLOWED TO PLAY CLUB MATCHES OR ATTEND TRAINING**

## SECTION 3: MEMBER INFORMATION

(Information in this section is optional and will be used for club 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 club officer? (Please state)
What skills do you have that could help develop the club? (e.g. web design, accounting, printing, planning, sponsorship, etc)

## SECTION 4: MEDICAL INFORMATION

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?					

PLEASE TURN OVER

**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. The Littlehampton HC members Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy are available in the club handbook.

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, 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 Littlehampton HC. Such images shall only be used for publicity/training purposes in accordance with the Littlehampton 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 i.e. local newspapers, local magazines, other promotional articles (inc. flyers) and the club's website.

SIGNED		DATE		RELATIONSHIP	
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**SECTION 6: DECLARATIONS FOR ALL MEMBERS (\*\*To be completed by PARENT/GUARDIAN if under 18\*\*)**

- 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 Littlehampton HC to obtain emergency medical treatment on my behalf.
- I have read, understood and agree to abide by all of the policies of Littlehampton HC as available on the Club website. Should you require a hard copy please contact Colin Warner.

SIGNED		DATE		(RELATIONSHIP)	
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**SECTION 8: 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 AND ANY LEARNING OR PHYSICAL DISABILITIES**

ETHNICITY OF CLUB MEMBERS			
	TICK BOX		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	

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

Comments/Notes

Please feel free to add any comments, suggestions or ideas for the hockey club in this section.