



# Newark Hockey Club

## Player Registration Form



Please read this form carefully - amend any pre-printed data in the spaces provided and complete *ALL* sections on both pages. *Please provide copies of certificates where relevant.* Return the form with your annual subscription fee (cheques payable to Newark Hockey Club) at Registration on Wednesday 9<sup>th</sup> or 16<sup>th</sup> September. The fee may be split into two equal payments if necessary, by submitting a second cheque, post-dated no later than November 15<sup>th</sup>. Failure to register will result in ineligibility to play league matches.

### Subscription Charges – Season 2009/10

Adults:	£100
Students & U16:	£50

### Current Details

### New / Updated Details

#### Personal Details

Forename: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Shirt Number: \_\_\_\_\_

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*NB. Shirts numbers will be allocated to new members on joining the club. Existing members, please enter your shirt number if it does not appear in the pre-printed details.*

#### Contact Details

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home Tel: \_\_\_\_\_  
Mobile Tel: \_\_\_\_\_  
Email: \_\_\_\_\_  
Email 2: \_\_\_\_\_

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- ❖ Your details will be entered onto a computerised database and used solely by Newark Hockey Club for the purposes of club management.
- ❖ **I do / do not** (*delete as appropriate*) wish to receive information regarding club activities via email.
- ❖ Newark Hockey Club regularly uses images of our members for publicity and training purposes. These images will only be used for legitimate purposes and wherever necessary steps will be taken to ensure the protection of identities or personal details of those concerned. If you have any concerns over the use of images by this club, please speak directly to your relevant section captain.

### Next of Kin / Emergency Contact Details

Primary Contact Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Alternative Contact Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_


### Medical Information

Please detail below any important medical information that the captains / coaches should be aware of (e.g. epilepsy, asthma, diabetes etc.) and any treatment or medication required.

Medical Information:

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- ❖ I understand that in the event of any injury or illness, reasonable attempts will be made to contact the persons named above.
- ❖ In the event of being unable to contact the above named persons, **I do / do not** (*delete as appropriate*) give my consent for representatives of Newark Hockey Club to act on my behalf.

### Relevant Qualifications

In order for the club to make best use of the resources we have, it is necessary to build up a picture of our collective skills. Please be open about your knowledge – if asked for your help you always have the option of saying No!

Umpiring Qualification: \_\_\_\_\_

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Coaching Qualification: \_\_\_\_\_

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Have you attended a recognised child protection course? **Y / N**

*If yes, please provide a photocopy of your current certificate*

Are you England Hockey CRB checked? **Y / N**

*If yes, please provide a photocopy of your current certificate*

Are you a Qualified First Aider? **Y / N**

*If yes, please provide a photocopy of your current certificate*

Do you have any other relevant qualifications? (please detail)

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By returning this form I agree to *'the named person'* taking part in activities organised by and on behalf of Newark Hockey Club. I agree that *'the named person'* shall at all times abide by the laws of the game and also comply with the codes of conduct for players, officials, spectators and coaches as laid down by England Hockey and adopted by Newark Hockey Club.

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signed (parent / guardian):** \_\_\_\_\_  
**(under 18 only)**

**Print Name:** \_\_\_\_\_