



Newark Hockey Club

Player Registration Form 2011/12



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 the Family Day on Sunday 11th September, Registration between 9.30am-1.00pm. The fee may be paid in one cheque or by standing order with monthly payments of £20, starting in October. Failure to register will result in ineligibility to play league matches, and an admin fee for late payment.

Subscription Charges – Season 2011/12

Adults:	£140
Students & U16:	£80

Current Details

New / Updated Details

Personal Details

Forename: _____
Surname: _____
Date of Birth: _____
Gender: _____
Occupation*: _____
Shirt Number: Home: _____
Away: _____

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: _____

- ❖ 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.

* Occupation is a voluntary field. If you complete this field, the club may approach you for assistance with club matters relating to skills that you possess in relation to your occupation.

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:

- ❖ 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: _____

Coaching Qualification: _____

Have you attended a recognised child protection course?
If yes, please provide a photocopy of your current certificate

Are you England Hockey CRB checked?
If yes, please provide a photocopy of your current certificate

Are you a Qualified First Aider?
If yes, please provide a photocopy of your current certificate

Y / N

Y / N

Y / N

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

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: _____