



Membership Form 2009/2010

(This form covers ALL membership types)

All details will be kept on a secure database with access restricted to authorised club officers only.

Please note the Club holds Public and Employers' Liability insurance. This does not cover injuries to players and therefore if members require personal accident protection they should make their own arrangements.

1. Personal Details - only complete shaded area if changed from last season

Name	
Address	
Postcode	
Home telephone	
Work telephone	
Mobile	
E-mail address (ESSENTIAL)	
Gender (M/F)	
Age (on 01/09/2009)	
Do you have a disability? Please give details.	
Shirt number	
Team (last season)	
Qualified first aider?	Yes/No
Qualified umpire ? (please indicate Level 1 or 2)	Yes/No
Qualified coach ? (please indicate Level 1 or 2)	Yes/No

2. Membership type (please tick)

- Junior membership fees are £1.00 per week to cover training costs (this applies to players under 18 years of age and not playing in a regular squad each week).
- Juniors playing in senior teams are required to pay the junior rate of £70/£50 as well as half match fees each time a match is played.
- A junior playing their FIRST season of senior hockey pays £40/£20.
- Seniors pay the relevant rate below plus weekly match fees.
- All members qualify for the Early Payment Discount Rate if payment is received by the Memberships Secretary before 31st Oct 09.

	Full rate	Tick	Early payment discount rate	tick
Senior	£120		£100	
Junior (U18 not in senior team)	£1 per week		£1 per week	
Junior (U18 in senior team)	£70		£50	
Juniors' 1 st senior season	£40		£20	
Student (full time)	£70		£50	
Committee members / Captains	£80		£60	
Umpires (non-playing)	FREE		FREE	
Goalkeeper with kit	£40		£20	

3. Medical information & consent

In case of emergency and as part of the Club's 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.

Contact name (in case of emergency)	
Contact phone number (in case of emergency)	
Please detail below any important medical information that our Coaches/Team Captains should be aware of (epilepsy, asthma, diabetes, allergies, etc) and note the treatment or medication required.	
Do you have any long-term illnesses or injuries? Please briefly detail.	

4. Race or cultural origin

Whilst it is not compulsory for the following section to be completed, this personal information is considered to be important. 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 circle the appropriate box.

White British	White Irish	Asian British	Black British
Chinese	Black African	Black Caribbean	Pakistani
Kashmiri	Indian	Bangladeshi	Asian
Mixed White & Asian	Mixed White & Black African	Mixed White & Black Caribbean	Other (please specify)

5. Volunteering

We encourage members and parents/guardians of members to become actively involved in the organisation of our club. Please indicate areas in which you might be able to assist (NB: Training / support is available for several of these activities):

Would you be interested in helping to fundraise or sponsor the Club?	Yes / No
Would you be interested in learning to coach or umpire?	Yes / No
Would you be interested in becoming a Club officer?	Yes / No
Would you be interested in helping with Juniors?	Yes / No
Do you have any skills that you think could help develop the Club (e.g. web design / management, accounting, printing, planning, etc?)	Yes / No (if yes please provide details)

6. Photography

Photographs of teams or matches may be taken. I agree to these being utilised in any Shefford & Sandy Hockey Club publicity material or in sports reports in local newspapers or hockey journals:

Yes / No

7. Sporting information - To be completed by JUNIOR MEMBERS AND/OR THEIR PARENTS ONLY.

Have you/your child ever played hockey before?	Yes / No
If yes, where?	Middle school / Upper School / Club Hockey / County Hockey
Local Authority coaching sessions?	Yes / No
Playing position(s)	
Do you /your child play for a senior team?	Yes / No
If yes, which team?	

8.a. Declaration: SENIOR PLAYER and JUNIOR PLAYING IN SENIOR TEAM

I consider myself 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 the team captain/coach to obtain emergency medical treatment on my behalf.

Name	
Signature	
Date	

8.b. Declaration: JUNIOR PLAYER AND THEIR PARENT

- By returning this completed form, I agree to my child taking part in the activities of SSHC including away fixtures. I understand that I will be kept informed of these activities (e.g. timing and transport details).
- I have read the Code of Conduct for Parents & Guardians that can be found on the Club website and agree to comply with the code.
- I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury / illness appropriately.
- In the event of the club being unable to contact me, I consent for the Junior Coach, Child Welfare Officer, Team Captain or First Aid Officer to act on my behalf:

Signature of Parent / Guardian	
Name of Parent / Guardian:	
Date	

Signature of Junior	
Name of Junior:	
Date	

Please return this form and your payment to Tessa Chiswell at 1 Rectory Close, Clifton, Beds. SG17 5EL. Cheques made payable to SSHC.

Please note that the deadline for the early payment discount rate is Saturday 31st October 2009.

If any of your details change during the season, please e-mail Tessa Chiswell (tessa.chiswell@ntlworld.com).