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|  | **MEMBERSHIP REGISTRATION FORM** |  |

*Please USE BLOCK CAPTIALS* ***and*** *ensure that you provide a* ***valid e-mail address****.*

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| **First Name:** |  | | **Surname:** |  |
| **Home Phone:** |  | | **Mobile:** |  |  |  | |
| **e-mail:** |  | | | |  | |
| **Date of Birth:** |  | | (required for eligibility for age group competitions, e.g. Over 35s) | |
| **Membership Category:** | |  | | |

**Membership categories**:

Senior | Rusty & Recreational | Student: in full-time education - School Year 12 and above, Further & Higher Education, apprentices following a course of part-time further education or unemployed| Junior Playing Senior Hockey| Junior | Associate: for umpires & coaches | Social. Check [**here**](http://sidmouthandotteryhc.co.uk/club-documents/)if in doubt.

**NEXT OF KIN/IN CASE OF EMERGENCY DETAILS**

*Please complete* ***only*** *if you are registering a member U18 at the date of registration.*

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| **IN CASE OF EMERGENCY CONTACT DETAILS:** | | | |
| **First Name:** |  | **Surname:** |  |
| **Relationship:** |  | | |
| **Home Phone:** |  | **Mobile:** |  |
| **e-mail:** |  | | |
| **NEXT OF KIN: (Please complete if different to the above)** | | | |
| **Name:** |  | **Surname:** |  |
| **Relationship:** |  | | |
| **Home Phone:** |  | **Mobile:** |  |
| **e-mail:** |  | | |
| **MEDICAL/OTHER INFORMATION:** | | | |
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**Please read the declarations overleaf and take action, as necessary:**

Paying your membership subscription qualifies you to be a member of this Club and as such you are agreeing to the following conditions of membership:

**Adult Member (aged 18 years and older)**

* I agree to follow the Club [**Code of Behaviour & Ethics**](http://sidmouthandotteryhc.co.uk/club-documents/).
* I accept the increase in transmission risk of Covid-19 associated with partaking in even socially distanced group hockey activity.
* I agree to follow the Club’s [**Covid-19 guidance**](http://sidmouthandotteryhc.co.uk/covid-19/)view the EH Return to Play video**.**
* I agree that my contact details may be used for the purposes of Test & Trace, which are held in accordance with the Club's [**Data Protection policy**](http://sidmouthandotteryhc.co.uk/club-documents/).
* I confirm that I am physically fit and capable of full participation.
* I will provide information on any medical conditions which will limit my participation in hockey.
* I agree to photographs and video footage being taken to be used in the local press for sports news, Club promotion and on the Club website in accordance with the Club's [**Taking & Using Photo & Recorded Images of Young People policy**](http://sidmouthandotteryhc.co.uk/club-documents/).
* In the event that I should be injured or become unwell, I give my permission for the team manager/coach/captain to obtain emergency medical/dental treatment on my behalf.
* I agree that when I volunteer for Club roles I will comply with and promote all Club codes, policies and procedures.

**Junior Member (aged U18 years) - Parent/carer with their son/daughter**

* I am willing to permit my son/daughter to participate in Sidmouth & Ottery Hockey Club fixtures, tournaments, coaching and training sessions.
* I & my son/daughter agree to follow the Club [**Code of Behaviour & Ethics**](http://sidmouthandotteryhc.co.uk/club-documents/).
* I accept the increase in transmission risk of Covid-19 associated with taking part in socially distanced group hockey activity.
* I agree to follow the Club’s [**Covid-19 Guidance**](http://sidmouthandotteryhc.co.uk/covid-19/)**,** view the EH Return to Play video and to ensure that my son/daughter understand what they are required to do.
* I agree that my contact details may be used for the purposes of Test & Trace, which are held in accordance with the Club's [**Data Protection policy**](http://sidmouthandotteryhc.co.uk/club-documents/).
* I confirm that my son/daughter is physically fit and capable of full participation.
* I will provide information on any medical conditions which will limit my son/daughter’s participation in hockey.
* I consent to my son/daughter travelling by any form of public or contracted transport and/or in a motor vehicle driven by a member of Sidmouth & Ottery Hockey Club attending the event/function.
* In the event that should my son/daughter be injured when I am not present, I give my permission for the team manager/coach/captain to obtain emergency medical/dental treatment on their behalf.
* I agree that Sidmouth & Ottery Hockey Club may use my child’s personal information in accordance with the Club's [**Data Protection policy**](http://sidmouthandotteryhc.co.uk/club-documents/).
* I give permission for photographs and video footage to be taken and used in accordance with the Club's [**Taking & Using Photo & Recorded Images of Young People policy**](http://sidmouthandotteryhc.co.uk/club-documents/).
* I agree that when I volunteer for Club roles I will comply with and promote all Club codes, policies and procedures.

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| ***Please return the Membership Registration form to: sohcmembership@hotmail.com***  *Our Membership Secretaries are Cath Vincent (Seniors, Students & Juniors Playing Senior Hockey) and Junior Membership Secretary (Judy Mickelthwait)* |