



Membership Form 2017-2018

ATHERSTONE ADDERS HOCKEY CLUB

All members of Atherstone Adders Hockey Club are required to complete this registration form as accurately as possible and return it, with appropriate payment, to a Club Officer as soon as possible. All details will be kept in a secure database with access restricted to authorised Club Officers only.

MEMBER CONTACT INFORMATION

MEMBER NO:		TITLE	
FULL NAME			
ADDRESS 1		DATE OF BIRTH	
ADDRESS 2		HOME PHONE*	
TOWN		MOBILE PHONE*	
POST CODE		EMERGENCY NO**	
SCHOOL		EMERGENCY NO**	
YEAR GROUP		EMAIL*	

* If Under 18 please enter parent/guardian contact details. ** Please use an alternative emergency number

HOCKEY MEMBERSHIP TYPE (2017-18 SEASON)

MEMBER TYPE	DESCRIPTION	FEE	TICK
SENIOR – 1*	Full Senior Membership	£60.00	
SENIOR – 2*	Concession Senior Membership	£45.00	
STUDENT – 1*	Students in Full Time Education	£45.00	
BADGERS*	14 – 16 in Full Time Education who play regularly on Saturday	£45.00	
JUNIOR*	Annual Membership Fee	£45.00	
Non Playing	Annual Fees for non-playing members of the club	£5.00	

* Match fees are extra and are paid on Match Day – further details on the Adders website

ATHERSTONE SPORTS CLUB MEMBERSHIP (September 2017 – August 2018)

TYPE	DESCRIPTION	FEE	TICK
ASC – 1	Individual Membership Fee	£5.00	
ASC - 2	Family Membership Fee Please list all family members	£10.00	
ASC -3	Membership already in place (e.g. through a family membership or another club) Please describe	£0.00	



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MEDICAL INFORMATION & CONSENT (to be completed by PARENT or GUARDIAN if U18)

NEXT OF KIN		DOCTORS NAME	
RELATIONSHIP		SURGERY	
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 special requirements?			
Declaration: 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 AAHC to obtain emergency medical treatment on my behalf.			
NAME		RELATIONSHIP	
SIGNATURE		DATE	

ETHNICITY

DESCRIPTION	PLEASE TICK	DESCRIPTION	PLEASE TICK
White British		Asian/Asian British - Pakistani	
White Irish		Asian/Asian British - Bangladeshi	
White Other		Asian/Asian British - Other	
Mixed - White & Black Caribbean		Black/Black British - Caribbean	
Mixed - White & Black African		Black/Black British - African	
Mixed - White & Asian		Black/Black British - Other	
Mixed - Other		Chinese	
Asian/Asian British - Indian		Other Ethnic Group	

DISABILITY

DESCRIPTION	COMMENTS	PLEASE TICK
Deaf		
Visually impaired		
Hearing impaired		
Physical disability		
Learning disability		
Multiple disability		



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UNDER 18 MEMBER CONSENT (to be completed by PARENT or GUARDIAN if U18)

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. In such circumstances the drivers cannot be held responsible for any resulting injury, loss or damage to individuals.

PHOTOGRAPHY: In some environments, particularly match situations, 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 Atherstone Adders Hockey Club. Such images shall only be used for publicity/training purposes in accordance with the Atherstone Adders Hockey Club Child Protection Policy and I give consent for my son/ daughter to feature in such photos/ images. I hereby grant approved agents the right to use the resulting images/footage, including any reproductions or adaptations, for all general purposes related to Atherstone Adders Hockey Club and the Club's website.

CHILD WELFARE POLICY: I have read and understand the Child Welfare Policy on the Atherstone Adders website (www.addershockey.com)

NAME		RELATIONSHIP	
SIGNATURE		DATE	



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NOTES:

FOR ADMIN USE:

RECEIVED BY:		ADDED TO D/B BY:	
DATE:		DATE:	