

# ASHMOOR HOCKEY CLUB MEMBERSHIP RENEWAL FORM 2017-18

Club Name:	<b>Ashmoor Hockey Club</b>
Membership Secretary: (Please return form and payment to Membership Secretary)	<b>Louise Stokes (Club Membership Secretary)</b> <b>90 Churchfields Drive, Bovey Tracey, Devon. TQ13 9QZ</b> <b>Telephone Number: 01626 836610 Mobile: 07983 332994</b>
Website address:	<b>www.ashmoorhockey.co.uk</b>

## SECTION ONE: Member Contact Details

Title:	Players Surname:	Players First Name(s):
Email:		Mobile:

**I confirm that all my Address, Telephone and Personal Details remain the same as my previous Registration form. YES  NO  \***

\* If any of your details have changed you will need to complete a Full Membership Registration Form.

## SECTION TWO: Membership type

Member Type	Description	Cost	No.	Total
Senior	Full Year Membership and Training	<b>£130</b>		
Youth/Student	Full Year Membership and Training (Y10+)	<b>£120</b>		
Junior	Full Year Membership and Training (Y9 & below)	<b>£70</b>		

**2017/18 Membership:** All payments / Standing Orders should be in place by **30<sup>th</sup> September 2017**. Please note: from **1<sup>st</sup> October** non-members will not be invited to play club matches or attend training. \*Please tick appropriate box

**Option 1:** Payment in full by 30<sup>th</sup> September 2017.....Cash , Cheque , Bank Direct

**Option 2:** Stage payments: Initial payment 50% of fee by 30<sup>th</sup> September 2017.....Cash , Cheque , Bank Direct

followed by five equal payments on the 1<sup>st</sup> of each month (Nov-Mar) ..... Bank Direct

**Ashmoor bank details:- Account Number: 11431439 Sort Code: 40 34 31**

\*\*\*Please use the bank's reference field to indicate which player/s the payment is for\*\*\*

## SECTION THREE: Medical Information & Consent (To be completed by PARENT/ LEGAL GUARDIAN if under 18)

In case of emergency & as part of the **ASHMOOR HOCKEY CLUB** responsibility to its membership, ALL members are required to complete this medical information as accurately as possible. Details will be held securely with access restricted to authorised officers only.

**I confirm that all my Next of Kin, GP and Medical Details remain the same as my previous Registration form and I have no further allergies/conditions to declare. YES  NO  \***

DECLARATION: I consider [myself/my son/daughter]\* to be physically fit and capable of full participation and agree to notify **ASHMOOR HOCKEY CLUB** of any changes to the medical information provided. Furthermore, in the event of injury I give my permission (for myself/my son/daughter)\* for the team managers/coaches appointed by **ASHMOOR HOCKEY CLUB** to obtain emergency medical treatment.

Signed:	Date:	Relationship to player:

**SECTION FOUR: Under 18 member consent (to be completed by PARENT or LEGAL GUARDIAN)**

It is a requirement of **ASHMOOR HOCKEY CLUB** policy that parental/legal guardian consent is provided for participation, transportation and photography. The **ASHMOOR HOCKEY CLUB** Members Code of Conduct and Safeguarding and Protecting Young People Policy are available on the club website. Please delete as appropriate where indicated by a \* then sign and date at the bottom.

**TRANSPORTATION:** I consent to my son/daughter\* travelling to venues for matches and training, in transport provided by the club, which may include travelling in other players' private cars.

**PHOTOGRAPHY:** In some environments, particularly adult competition it is impossible to control photography by external parties. However, I am aware that there may be times that photographs and/or footage may be taken during matches and training sessions by approved agents and/or officers of **ASHMOOR HOCKEY CLUB**. Such images shall only be used for publicity/training purposes in accordance with the **ASHMOOR HOCKEY CLUB** Safeguarding and Protecting Young People Policy and Photography Policy and I give consent for my son/ daughter to feature in such photos/images. I hereby only grant approved agents the right to use the images resulting from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes, e.g. local newspapers, local magazines, other promotional articles (including flyers) and the club's website.

Signed:	Date:	Relationship:

Please add any additional relevant information you would like us to know in order to support you this season:

All prospective members of **ASHMOOR HOCKEY CLUB** are required to complete this registration renewal form (if no contact details or information has altered from a previous registration form) and return it with payment by **30<sup>th</sup> September 2017**, prior to selection for the league season. All details will be kept in a secure database with access restricted to authorised officers only.

PLEASE RETURN COMPLETED MEMBERSHIP FORM(S) AND PAYMENTS (CHEQUES MADE PAYABLE TO ASHMOOR HOCKEY CLUB) TO LOUISE STOKES BY 30<sup>th</sup> SEPTEMBER 2017.

PLEASE ENSURE YOU LIST CLEARLY ON THE BACK OF EACH CHEQUE WHICH HOCKEY MEMBER(S) ARE INCLUDED IN THE PAYMENT – THANK YOU.