

Chesterfield Hockey Club

All players are required to complete this attendance registration form and return it.

SECTION 1: PLAYER CONTACT INFORMATION

FULL NAME			
ADDRESS 1		DATE OF BIRTH	
ADDRESS 2		HOME PHONE	
TOWN		MOBILE PHONE	
POST CODE		SCHOOL & YEAR	
EMAIL			

SECTION 2: MEDICAL INFORMATION & CONSENT *(To be completed by PARENT or GUARDIAN if under 18)* In case of emergency and as part of the club's responsibility to its membership, ALL attendees are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised officers only.

NEXT OF KIN		RELATIONSHIP		MOBILE PHONE	
DOCTORS NAME		SURGERY		LANDLINE PHONE	
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 long term illnesses or injuries?					
Declaration: I consider myself (my son/daughter)* to be physically fit and capable of full participation and agree to notify the county 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 the county to obtain emergency medical treatment on my behalf.					
SIGNED		DATE		RELATIONSHIP	

SECTION 3: UNDER 18 MEMBER CONSENT **(**TO BE COMPLETED BY PARENT/GUARDIAN**)**

*It is a requirement of club policy that parental consent is provided for participation, transportation and photography. The club abides by the England Hockey's Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy. Please delete as appropriate where indicated by a * then sign and date at the bottom.*

MATCHES & FIRST AID: I consent to my son/daughter* participating in Chesterfield Mini Hockey Club fixtures, coaching and training sessions. I consider him/her fit and capable of full participation. I consent to any medical treatment/first aid treatment needed in the event of an injury to him/her. Although every effort is made to prevent accidents they can happen and Chesterfield Hockey Club cannot be held liable for any injuries incurred.

TRANSPORTATION: I consent to my son/daughter* travelling to venues for matches and training by transport provided by the county 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 maybe taken during matches and training sessions by approved agents and/or officers of the county. Such images shall only be used for publicity/training purposes in accordance with the county Safeguarding and Protecting Young People in Hockey Policy and Photography Policy and 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 ie local newspapers, local magazines, other promotional articles (inc. flyers) and the county website.

DETAILS: I consent to these details being passed onto Regional and National Associations,

SIGNED		DATE		RELATIONSHIP	
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SECTION 4: ETHNICITY & DISABILITY

Whilst it is not compulsory for the following sections to be completed, the paragraph below explains why this personal information is considered to be important.

England Hockey is committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of people in sports clubs, England Hockey and Sport England can identify any issues relating to under representation of different groups and can develop strategies to ensure that all children have the opportunity in the future to develop and progress in sport. Completing this data accurately enables the club to give an accurate picture to England Hockey on our membership.

PLEASE TICK THE BOX THAT BEST DESCRIBES YOUR ETHNICITY

ETHNICITY OF CLUB MEMBERS

	TICK BOX		TICK BOX
White British		Asian or Asian British - Pakistani	
White Irish		Asian or Asian British - Bangladeshi	
White Other		Asian or Asian British – Other	
Mixed – White and Black Caribbean		Black or Black British – Caribbean	
Mixed – White and Black African		Black or Black British – African	
Mixed – White and Asian		Black or Black British – Other	
Mixed – Other		Chinese	
Asian or Asian British - Indian		Other Ethnic Group	

PLEASE TICK TO INDICATE ANY LEARNING OR PHYSICAL DISABILITIES

DISABILITY

	TICK BOX
NONE	
Deaf	
Visually impaired	
Hearing impaired	
Physical disability	
Learning disability	
Multiple disability	

additional information(optional) for parent / guardian:-

MINI HOCKEY IS RUN BY VOLUNTEERS – Please help out in any capacity – Eg ball collection / chaperoning a coach / attendance register/ drill preparation /first aid – indicate your willingness to help:-

Do you have any skills that you would be happy to offer us to help develop the club? (e.g. web design, accounting, printing, planning, sponsorship, etc)