

BEDFORD HOCKEY CLUB MEMBERSHIP REGISTRATION FORM 2009/10

Welcome to Bedford Hockey Club

To ensure that we have your correct contact details, please complete the below registration details and forward with your subscription cheque made payable to: "Bedford Hockey Club" and post to:
Mary Wilcockson, 4 Castle Road, Bedford, Beds, MK40 3PJ, enquiries 07905482931

The information you provide will be placed on a database that will be used only by authorised club personnel and utilised to keep you informed about club events.

Club subscriptions for returning players in the 2009/10 season become due on 1st July. Please note that the payment of club subscriptions should be sent to the above home address, and NOT paid to the Club Treasurer or Team Captains. Can I remind you that if your subscription has not been received by the 1st November, you will NOT be eligible for selection and payment after that date will incur a surcharge (see details below).

New members joining the club during a season pay a pro-rata fee and subs are considered overdue after 6 weeks of playing for the club and a surcharge is payable after that time.

MEMBERSHIP CATEGORIES AND SUBSCRIPTION RATES (Rates payable after 01/11/09 in brackets)

Full Membership (18 and over) £130 (£150)

Under 18 playing senior league hockey/Full Time Student £70 (£90)

Family class 1: 2 Full Playing Members £220 (£240)

Family class 2: 2 Full Playing Members + 1 Scholar £270 (£290)

Family class 3: 2 Full Playing Members + 2 Scholars £320 (£340)

Juniors: (half before Christmas and half after Christmas) £55 (£65)

(NB: The Juniors subscription rate relates to players who play only on Sunday morning.)

Associate £35

(Casual player, max 5 games, not eligible for representative league or national club competitions)

NB: Subs are preferred by personal cheque in a single instalment, alternatively players may pay in 2 instalments, one at the beginning of the season (before 1st November) and one immediately after the Christmas break.

If you have genuine problems with paying your annual subscriptions please contact the subs secretary, your captain or any other member of the committee – each instance will be considered on a case by case basis and kept confidential.

PERSONAL DETAILS (To be completed by all members):

NAME.....

ADDRESS.....

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Post Code

Home Tel: Mobile Tel:

E-mail address: Gender: Male / Female

Date of birthPlace of birth.....

Membership category Are you a Qualified First Aider? YES / NO

What Coaching & Umpiring qualifications do you hold?

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Do you consider yourself to have a disability? YES / NO If yes, what is the nature of your disability?

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In order to help the club monitor its membership and comply with Sport England equity requirements can you please tick the section that identifies your ethnic group:

<u>Asian or Asian British:</u>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Kashmiri	<input type="checkbox"/>
<u>Chinese:</u>	Chinese	<input type="checkbox"/>						
<u>Black or Black British:</u>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>				
<u>Mixed:</u>			White & Black Caribbean	<input type="checkbox"/>		White & Black African	<input type="checkbox"/>	
			White & Asian	<input type="checkbox"/>				
<u>White:</u>	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>				
<u>Other Ethnic Group</u> <i>(please state):</i>							

SPORTING INFORMATION (To be completed by all new members):

Have you played hockey before? YES / NO If YES, where have you played the sport? Please tick relevant section(s):

Primary School Secondary School Local Authority coaching session Club hockey

If club, name of old club: Playing Position

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JUNIOR MEMBERS (Additional information to be completed each season by parent or guardian):

Medical Information: Please detail below any important medical information that our coaches/youth development officer or team captains/managers should be aware of (eg epilepsy, asthma, diabetes, allergies etc) and note the treatment or medication required:

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Emergency contact details: Please indicate the person(s) who should be contacted in case of an accident/incident:

Contact name: Is the contact a parent or guardian (tick)

Emergency contact number(s):

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We encourage parents to show an active involvement 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)

Fundraising/Sponsorship:	YES / NO	Registration at training sessions:	YES / NO
Transport to away matches:	YES / NO	Team secretary:	YES / NO
Junior Subcommittee membership:	YES / NO	Coaching/coaching assistance:	YES / NO
Umpiring:	YES / NO	Other: (specify)	

My child is currently playing for the senior teams YES / NO (Membership fee £70)

My child is not currently playing for the senior teams YES / NO (Membership fee £55, half before Christmas, half after)

Photographs of junior teams or match action may be taken. I agree to these being utilised in any Bedford Hockey Club publicity material or in sports reports in local newspapers or hockey journals: YES / NO

By returning this completed form, I agree to my child taking part in the activities of the Hockey Club including away fixtures. I understand that I will be kept informed of these activities – for example 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 Club Coach, Child Welfare Officer, Team Captain or First Aid Officer to act on my behalf:

Signature of Parent/Guardian:

Name of Parent/Guardian: Date: