

Whitchurch(Shropshire) Hockey Club – Under 18 Team app form



Print Name of Parent Guardian on Teamapp: _____

Section 1: Member Contact Information

(Only provide phone/email if you give permission to contact Under 18 directly. These must be different to the parent/guardian)

First Name:		Surname:	
Address:			
Town:		Date of Birth:	
Postcode:		Mobile:	Only if direct contact is allowed
Home Phone:		Gender:	M F (please circle)
Email:	Only if direct contact is allowed		

Section 2: Member Information

(Information in this section is optional and will be used for club development purposes only)

What school/college do you attend?	
Would you be interested in learning to coach and or umpire? (Please state)	
Would you be interested in being a Volunteer assisting with running the club? (Please state – what?)	
What skills do you have that could help develop the club? (e.g. web design, accounting, printing, planning, sponsorship, etc)	

Section 3: Medical Information & Consent

(To be completed by PARENT or GUARDIAN if under 18)

In case of emergency and as part of the clubs responsibility to its membership, ALL club members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised club officers only.

Emergency Contact Name:		Relationship:	
Emergency Contact Home phone:		Emergency Contact Mobile:	
Doctors name & Surgery:		Surgery Contact number:	
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 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 Whitchurch HC to obtain emergency medical treatment on my behalf.			
Signed by parent/guardian:		Relationship:	
		Date:	

Section 4: Under 18 Member Consent

(To be completed by PARENT or GUARDIAN if under 18)

It is a requirement of club policy that parental consent is provided for participation, transportation and photography. The Whitchurch HC members Code of Conduct and Safeguarding policies 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 by 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 Whitchurch HC. Such images shall only be used for publicity/training purposes in accordance with the Whitchurch HC Safeguarding and Photography Policy and I 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 i.e. local newspapers, local magazines, other promotional articles (inc. flyers) and the club’s website.

Signed by parent/guardian:		Date:	
		Relationship:	

To ensure that we have the correct contact details for you, please complete the information requested below and return the form to your captain or club secretary. This information will be used to keep you informed about Club events and to contact you in the event of an accident or incident. Some of the information is required to comply with the England Hockey Equity Policy, which has been adopted by the Club.

By signing this you are agreeing to have read the Clubs policies and agree to abide by them. Policies are in ‘Governance section’ on website.

Signed by parent/guardian:		Date:	
		Relationship:	

Email completed form to Under18Teamapp@whitchurchhockeyclub.com and we will add to the system.