Heaton Moor Junior Hockey Club

www.hmjhc.co.uk



REGISTRATION FORM Autumn 2018/19 - 08 September 2018 to 15 December 2018 - (15 Weeks) First Name Surname Address Post Code **Fmail** Phone Number Address Date of Birth Gender Male / Female Current School attended Year Are you currently a member of a sports club? YES / NO (Please name the club if yes) Do you consider your child to have a relevant medical condition or disability? Yes / No If yes, what is the nature of the condition or disability? (Please give relevant details – using the back of the form if required) In case of emergency, we need to be able to contact a responsible adult: please give details Name Telephone Number Relationship to young person Home/Mobile I understand that by completing and submitting this form I am giving my consent for my child to participate in this activity. Furthermore, I understand that should medical treatment be necessary, every reasonable effort will be made to obtain the consent of the emergency contact named above. However, in an emergency, I authorise the coaches to consent on my behalf to any medical treatment, which a qualified doctor feels is necessary (this could include inoculations, blood transfusions, surgery or the use of anaesthetics). In some environments it is impossible to control photography by external parties, however throughout club training or at events coaches/officials at Heaton Moor Junior Hockey Club may take photographs for promotional and club use (in accordance with the Safeguarding and Protecting Children Policy). If you do not wish the images of the young person named above to be taken then please place a cross in the box provided. Parent/Guardian (please circle) Name Address (if different from that provided above) Signed: Date: **FEES** (Please make cheques payable to **Heaton Moor Junior Hockey Club.**) (Please tick) Single Payment of £30.00 for whole block (15 weeks for the price of 10!) Option 1 Option 2 Registration Fee of £20.00, plus £1.00 Weekly Subs O/I **Heaton Moor Hockey Club** Sort Code 20-55-59 A/c 70844527

(Please include last name in reference field)

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