

Redditch Hockey Club



www.redditchhc.co.uk

Player Registration Form

Name		Date of Birth	
Address			
Home Telephone		Mobile Telephone	
Work Telephone		E-Mail Address	
School / College		Allergies / Medical Conditions	

Membership Fees (2009 – 2010)			
SENIOR	Full senior membership	£100	<input type="checkbox"/>
	Non-League (Fathom / Badgers)	£60	<input type="checkbox"/>
STUDENT	Full Time (Senior)	£70	<input type="checkbox"/>
	Under 18	£50	<input type="checkbox"/>
	Under 16	£30	<input type="checkbox"/>
Vets/Summer	Guest Membership for Vets / Summer ONLY	£40	<input type="checkbox"/>
Coaching	Members (Free) / Guests	£2	<input type="checkbox"/>
Social Members	Non-Playing Members	£20	<input type="checkbox"/>

Fee's can be paid with two cheques, first by Oct 24th 2009 & second by Dec 12th 2009.

Please tick if qualified:		
	Level	
Coach		<input type="checkbox"/>
Umpire		<input type="checkbox"/>
First Aider		<input type="checkbox"/>
CRB Checked		<input type="checkbox"/>

Membership fee paid	<input type="checkbox"/>
Membership fee not paid	<input type="checkbox"/>

Please tick if you do not want your email address to be shared with companies for sales, marketing and market research.	<input type="checkbox"/>
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Sports equity monitoring

Whilst it is not compulsory that this section is completed the following paragraph explains why it is important.

Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have traditionally existed within sport, particularly in relation to gender, race and disability. Sport England 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 young people in sports clubs, national governing bodies of sport and Sport England can identify any issues relating to under-representation of different groups and can together develop strategies to ensure that all young people have the opportunity in the future to develop and progress in sport.

Ethnicity

In order to help the club monitor its membership can you please tick one of the following boxes to identify your ethnic group / origin;

White	British	
	Irish	
	Other White Background (Please Specify)	
Mixed	White & Black Caribbean	
	White & Black African	
	White & Asian	
	Other Mixed Background (Please Specify)	
Asian Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Other Asian Background (Please Specify)	
Black Black British	Caribbean	
	African	
	Other Black Background (Please Specify)	
Chinese Other	Chinese	
	Other (Please Specify)	

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with “a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”.

If you consider yourself to have a disability please indicate it below

Visual Impairment		Learning Disability	
Hearing Impairment		Multiple Disabilities	
Physical Disability		Other (Please Specify)	

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Player Registration Form

Under 16's Parent / Guardian Consent

To be completed by parent or guardian for all Under 16 members

Please read (and complete as required) the below 6 points and sign at the bottom of the sheet

1	I am pleased to allow my son/daughter* to participate in Redditch hockey fixtures, coaching and training sessions. I consider my son/daughter* to be physically fit and capable of full participation, but in the event that he/she should be injured when I am not present, I give my permission for the team manager / coach / team captains (or captains representative on the day) to obtain emergency medical treatment on his/her behalf.
2	Senior Youth Coaches/Managers: Wayne Beard \ Paul Cowley Ladies 1 st Team Captain: Sara Horton Ladies 2 nd Team Captain: Karren Buckthorp Mens 1 st Team Captain : Andy Brooks Mens 2 nd Team Captain: Ade Young Mens 3 rd Team Captain: Barry Fitzpatrick Badgers Captain: Paul Cowley
3	Does your son/daughter have any allergies? Yes / No* (If Yes - Please state).
4	Does your son/daughter need any regular medication or treatment? Yes / No* (If Yes - Please state).
5	When was the last time that your son/daughter was vaccinated against Tetanus? Date :
6	I will inform the team manager of any changes to the details given above.
Signed (Parent / Guardian)	
Date	
Parent / Guardian Emergency Contact Number	
Additional Comments	