

TIVERTON MEN'S HOCKEY CLUB MEMBERSHIP FORM - 2020-2021

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|---|--|
| Full Name | |
| Date of Birth | |
| Address and Postcode | |
| Contact Telephone Number | |
| Mobile Telephone Number | |
| Emergency Contact | NAME: CONTACT NUMBER: |
| E-Mail | |
| Any known medical condition (If over 18) | |
| Have you completed the Covid 19 participation form | Yes / No |
| Disability Yes/No | Visual Impairment Hearing Impairment Physical Learning Other |

Please select the appropriate membership and method of payment.

If you select Bank transfer, account details are – Name: Tiverton Men's Hockey Club. Sort: 52-30-17 Acc: 32088957

| Tick | Membership level | Requirements | Cost | Payment method |
|------|-----------------------|---|--|---------------------------------------|
| | Senior | Age 18 or over | £85 per year Including training costs | Cash/Cheque/ Bank transfer |
| | Junior/Student | Age 14 - 18 (as of 1 st Sept) OR in Full Time Education | £40 per year Including training costs | Cash/Cheque/ Bank transfer |
| | Associate | | £20 per year | Cash/Cheque/ Bank transfer |

Under 18 Medical/Travel/Photo Consent

*(To be completed by parent or guardian for all Under 18 members) *delete where applicable.*

I am pleased to allow my son to participate in Tiverton Mens Hockey Club fixtures, coaching and training sessions. I consider my son to be physically fit and capable of full participation, but in the event that he should be injured when I am not present, I give my permission for the team captain/coach to obtain emergency medical treatment on his behalf.

| | |
|--|-------|
| Does your son have any medical conditions? Please give details. | |
| Does your son need any regular medication or treatment? Please give details. | |
| When was your son's last Tetanus vaccination? | |
| I will inform the team captain of any changes to the details given above. | |
| Signed: Parent/Guardian | Date: |

I give consent for my son to travel with members of Tiverton Men's Hockey Club to matches/competitions. **Yes / No**
I give consent for authorised members of Tiverton Men's Hockey Club/authorised members of the press to take photos of my son individually or as part of a team at matches/tournaments and for these photos to be used in the press or on the club website. **Yes / No**

DATA AGREEMENT - I give consent for Tiverton Men's Hockey Club to hold the above data on file for membership records and medical reasons. (Please sign, without your consent we are unable to process your club membership)

SIGNED:

PRINT NAME: