

CHALFONT SPORTS ASSOCIATION HOCKEY REGISTRATION FORM

Please send **forms** to John Dickinson (Junior Sec), 43a Woodland Road, Maple Cross, Rickmansworth, Hertfordshire WD3 9ST E. juniorsecretary@chalfontsports.org.uk

Please send **cheques** to Sarah Watts, 9 Gables Close, Chalfont St Peter, Bucks, SL9 0PR



All prospective and **current** members of Amersham & Chalfont Hockey Club are required to complete this registration form and return it with payment prior to selection for the league season. All details will be kept in a secure database with access restricted to authorised club officers only.

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	Mr/Mrs/Miss/Ms (Please circle)		
FULL NAME			
ADDRESS 1	DATE OF BIRTH		
ADDRESS 2	HOME PHONE		
TOWN	MOBILE		
POST CODE	EMAIL		

2009/10 MEMBERSHIP

Payment is due by 15th October but no later than 31st October. If paid by 15th October a £5 discount will be applied.

For those seniors wishing to pay in instalments these cheques must be dated 15th Oct £40, 15th Nov £40 and 15th Dec £35 and be received by 15th Oct.

SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	Please Tick
SENIOR	Full Senior Membership	£120	
YOUTH / STUDENT	Full time students and U18s playing Senior Club Matches	£65	
JUNIOR	Junior Membership	£65	
LIFE MEMBERSHIP	Full Life Membership (contact Sally Maxted)	£1000	
SOCIAL	Social Membership	£30	

Please make cheques payable to CPSA

Please note the following:

*Membership runs yearly from 1st October

*Membership is not transferable.

*The information on this form will be used by the CPSA to inform you

of events and activities within the association. The information will not be given to any outside body unless specifically requested to do so. Under the terms of the data protection act we respect your privacy. Please advise us if you do not wish to receive further mailings either by email or by post. * It should be noted that the guarantee by which CPSA's liability is limited obliges each member to contribute a sum not exceeding £1 to the Association's assets in the event that CPSA is wound up and its assets are insufficient to meet its debts.

Social shall enjoy voting rights at General Meetings.

*All above members shall be entitled to attend General Meetings and all classes other than Junior and

SECTION 3: MEMBER INFORMATION

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

STUDENTS – What school/college or university do you attend?
NON-STUDENTS – What is your occupation?
Would you be interested in learning to coach and or umpire? (Please state)
Would you be interested in being a team manager or club officer? (Please state)
What skills do you have that could help develop the club? (e.g. web design, accounting, printing, planning, sponsorship, etc)

SECTION 4: 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.

NEXT OF KIN	RELATIONSHIP	MOBILE PHONE
DOCTORS NAME	SURGERY	PHONE
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 Amersham & Chalfont HC to obtain emergency medical treatment on my behalf.		

SIGNED		DATE		(RELATIONSHIP)	
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SECTION 5: UNDER 18 MEMBER CONSENT (TO BE COMPLETED BY PARENT/GUARDIAN**)**

It is a requirement of club policy that parental consent is provided for participation, transportation and photography. The Amersham & Chalfont HC members Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy are available in the club handbook.

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 Amersham & Chalfont HC. Such images shall only be used for publicity/training purposes in accordance with the Amersham & Chalfont HC Safeguarding and Protecting Young People in Hockey Policy and Photography Policy and give 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 ie local newspapers, local magazines, other promotional articles (inc. flyers) and the club's website.

SIGNED		DATE		RELATIONSHIP	
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SECTION 6: ETHNICITY & DISABILITY

Whilst it is not compulsory for the following sections to be completed, the paragraph below explains why this personal information is considered to be important.

Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have existed within sport particularly in relation to gender, race and disability. Sport England and England Hockey are 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 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 develop strategies to ensure that all people have the opportunity in the future to develop and progress in sport.

England Hockey requests this data from clubs as part of the annual affiliation process and completing this data accurately enables the club to give an accurate picture to England Hockey on our membership.

PLEASE TICK THE BOX THAT BEST DESCRIBES YOUR ETHNICITY

	TICK BOX		TICK BOX
White British		Asian or Asian British - Pakistani	
White Irish		Asian or Asian British - Bangladeshi	
White Other		Asian or Asian British - Other	
Mixed - White and Black Caribbean		Black or Black British - Caribbean	
Mixed - White and Black African		Black or Black British - African	
Mixed - White and Asian		Black or Black British - Other	
Mixed - Other		Chinese	
Asian or Asian British - Indian		Other Ethnic Group	

PLEASE TICK TO INDICATE ANY LEARNING OR PHYSICAL DISABILITIES

	TICK BOX
Deaf	
Visually impaired	
Hearing impaired	
Physical disability	
Learning disability	
Multiple disability	

Please add any additional relevant information:

SECTION 6: HOW DID YOU FIND OUT ABOUT US?

	TICK BOX
Through a friend. Their name:	
Local press/flyers/marketing. Please specify:	
Through my school/college. Name of school:	
Other. Please state:	

To ensure that we have the correct contact details for you, please complete the information requested above and return the form to John Dickinson. 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.