



Junior Application Form – 2011/12 Season

Name:..... D.o.B:.....
Address:..... Gender: Male/Female
..... School:.....
Postcode:..... School Year:.....
Phone:..... Shirt No. (If you have one)
Parent/Guardians email:.....
Emergency contact number:.....
Emergency Contact Name:.....

MEDICAL CONDITION: Does your child suffer from any medical condition that we should be aware of? YES/NO.
If yes, please give details
.....
.....

I wish to allow my child to attend the Hockey Coaching organised and run by Sheffield Hockey Club. I do not object to any of the above personal data being held by the Club on computer and shared with appropriate team managers, coaches and captains (this is a requirement of the Data Protection Act 1998).

Signature of Parent/ Guardian:..... Date:

PHOTOGRAPHY There may be the opportunity for participants to be photographed and videoed throughout the season. Any filming and still shot photography will be captured and used in accordance with Sheffield Hockey Club's Child Welfare Guide.

It is a requirement of the Sheffield Hockey Club Child Welfare Policy that the consent of parents/guardians is obtained prior to taking photos. If you are happy to give such consent please complete the form below.

I hereby grant Sheffield Hockey Club the absolute right to use the images resulting from this photo/film shoot. This includes any reproductions or adaptations of the images for all general publicity purposes.

Signature of Parent/ Guardian:..... Date:.....

MEMBERSHIP SUBSCRIPTIONS FOR 2011-12

Table with 2 columns: Subscription type and Price. Rows include: Players aged 13 & under 16 years of age on 1 Sep 2011 (£65), Players aged 9 & under 13 years of age on 1 Sep 2011 (£60), Players under 9 on 1 Sept 2011 (£50)

I wish to become a Junior Member and enclose cash or a cheque payable to Sheffield Hockey Club. [] Tick

OR: I will pay a weekly session fee of £3.00 [] Tick

Please note that if you are playing in a Club junior (U12, U14, U16) or senior team, you must be a member.

Please complete and give to Simon Law on Registration evening, or post to Ann Marshall, (Junior Coordinator), 42 Hemper Lane, Sheffield S8 7FD or bring to the club training (but it is preferred if you would send it in prior to training)



HOCKEY CLUB EQUITY MONITORING FORM

ETHNICITY & DISABILITY

To monitor the success of programmes that are designed to attract people from all communities into the game, England Hockey requests this data from clubs as part of the annual affiliation process. The information you provide will be used for statistical reporting only and will not be linked in any way to identify you personally.

PLEASE TICK THE BOX THAT BEST DESCRIBES YOUR ETHNICITY

	TICK		TICK BOX
White British		Asian or Asian British – Pakistani	
White Irish		Asian or Asian British –	
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
Visually impaired	
Hearing impaired	
Physical disability	
Learning disability	
Multiple disability	
Other (please specify)	

Please add any additional relevant information:

SIGNED:

DATE:

DATA PROTECTION ACT. NOTE. The above information will be kept on a computer file and will only be used for Hockey Club purposes. ONLY if you object to such information being held by us on computer, should you tick this box.