

Bude Hockey Club 2018/2019 Season Membership Details

www.budehockey.org.uk/

Membership forms to be completed by all Club members every year for insurance and league registration purposes.

Personal	First Name
	Surname
	Date of Birth (dd/mm/yyyy)
Telephone	Telephone - Home (include area code)
	Telephone - Mobile
Address	House Number/Name
	Street Name
	Town
	Post Code
E-mail	E-mail Address
Hockey Info	Preferred Playing Position
	Umpire Qualification(s)
	Coaching Qualification(s)
	DBS Registered (& number if known)
Emergency Contact Information	Name
	Relationship to Club Member:

Any known medical conditions that the Club should be aware of?

Please tick all as appropriate:

Active Player	Umpire
Non-Active Player	Coach
Honorary Member	
Other (please specify)	

Your personal information is provided to Bude Hockey Club when you complete this Membership Form at the beginning of each season. We use this information to contact you about news and fixtures and to have emergency contact details and medical information available in the event that they are needed. This form is held as a paper document and will be shredded at the end of the season. We do not share any personal information outside of Bude Hockey Club. We hold email addresses electronically in a contact/ mailing list. This is used to manage email communications. If we send emails to multiple addresses we will use the bcc (Blind carbon copy) facility to ensure email addresses are not visible to others. Please confirm your consent to Bude Hockey Club holding and using your personal information in the above way.

Signature: _____ Date: _____

TO BE COMPLETED FOR ALL UNDER 18 MEMBERS BY PARENT OR GUARDIAN

I consent to any emergency medical treatment required by my child during the course of the activity / event.
I confirm that my child is in good health, and I consider them fit to participate.
I understand that the Club may arrange for photographs to be taken of its activities, and that I consent for the Club to use these for bona-fida promotional purposes. The Club will handle all photographs sensibly and securely.
The information you provide will be used to ensure the safety of all participants, and may be shared with other people and/or organisations involved with the delivery of these activities.
By signing this form you are consenting to the Club using the information, which you have supplied, in the manner stated above.

Name of Parent / Guardian: _____ Date: _____

Signature: _____

Treasurer Use Only: Annual subs paid and/or cheques received: _____ Date _____

Subscriptions Senior £120 Junior/student £80

Please complete all of the above relevant information and pass to the Club Treasurer, Simon Fry, to your Captain, or any member of the Committee. (Caps & Committee - please ensure all forms are passed to Treasurer). Alternatively, email the above information to simon.fry@bottltd.co.uk or post to Simon Fry, Flexbury End, Poughill Road, Bude, EX22 8NZ