CAMBRIDGE SOUTH HOCKEY CLUB

PLAYER REGISTRATION AND CONSENT FORM

Player Details:			
Name:			
Home address:			
		Post code:	
Email:			
Mobile:		Other:	
Date of birth:	11	Gender:	□ M □ F
Medical conditions: (relevant to hockey e.g. asthma, allergies)			
Emergency Conta	act:		
Name:			
Phone:		Relationship to playe	r:
Umpiring:			
Are you a qualified he	o <mark>ckey u</mark> mpire (including probatio	oner)?	□ No
Coaching:			
Do you possess a ho	ckey coaching qualification?	□ Yes	□ No
Playing Position:			
	ferred playing positions (please t	ick all that apply)?	
☐ Goalkeeper	□ Defence	□ Midfield	☐ Forward
Previous Club:			
	key for another UK club this sea ountry (in this or any season)?	son (i.e. since Septembe	er), or last played club
□ Yes (Club:		Country:) □ No
Membership and	Fees:		
	subject to payme <mark>nt of the appro</mark> urrent subscriptions an <mark>d fee</mark> s are		
This section to be comp	pleted by adult players only.	CAL	
Emergency Medic	cal Treatment Consent:		
In the event of incapa	acitation due to illness or accide ency contact. If immediate treati	nt, I understand that eve	•
Signed:	Name:	Date:	11

This section to be compl	eted for U18 players only.
Parent/Guardian	Details:
Name:	
Home address: (if different from player)	
	Post code:
Email:	
Mobile:	Other:
Relationship to player:	
Consents:	
	key Club has adopted England Hockey's Safeguarding & Protecting Young People club web site. All activities will be carried out in accordance with this policy.
COMMUNICATION	
club purposes via the o	receiving communications from team captains and club officers relevant to contact details provided. If you would like the parent/guardian named above nunications, please tick this box:
TRAVEL	
Lifts may be provided to players' private vehicle	to away matches and venues. I consent to the player travelling in other such purposes.
CHANGING FACILIT	IES
I understand that U18: players and confirm my	s playing in senior teams will share changing accommodation with adult y consent to this.
EMERGENCY MEDIC	AL TREATMENT
made to contact a pare	player suffering illness or accid <mark>ent, I understand that every</mark> effort will be ent/guardian or emergency contact. If immediate treatment is required, I ary medical treatment being given to the player named above.
PHOTOGRAPHY	
and photography will be on the club web site. In video, which will be us	sion take photographs or videos of matches and training sessions. All filming see done in accordance with England Hockey's <i>Photography Guidance</i> , available in particular, no U18 player will be personally identified in any photograph or ed only for club promotional purposes or to assist with player coaching and to the taking and use of images as described above.
Signed:	
Player:	

Please send your completed form to join@cambridgesouthhockeyclub.co.uk or hand to any club officer or team captain.

All information is held in a protected database accessible only by club officers and captains.