



Bolton Hockey Club

Application for Membership

Please complete both sides in **Block Capitals** with **Black Ink** Thank You.
If Under 18 This form **MUST** be completed by a Parent or Guardian



PERSONAL INFORMATION (Must be completed)

Title		First Name																		
Last Name																				
Gender			Age		Date of Birth	D	D		MONTH		Y	Y	Y	Y						

CONTACT INFORMATION (Must be completed)

Home Address																				
Post Code																				
Home Phone																				
Mobile																				
E-mail Address	>																			
	@																			

EMERGENCY CONTACT AND MEDICAL INFORMATION (Must be completed)

Title		First Name																		
Last Name																				
Relationship to above ?																				
Emergency Contact Address																				
Post Code																				
Home Phone																				
Mobile																				
Other Contact																				

MEDICAL (This information will be kept with the strictest of confidence)

Bolton Hockey Club would like to ensure, a positive experience with regards to health & safety of its members, within a sports environment. In order to do this to the best of our ability it would be useful to know the following and also be informed of any changes in the future.

A. Do you suffer from any of the following medical conditions? (Please tick as appropriate)

None Diabetes Asthma Epilepsy

Other (Please Specify)

B. Please could you state if you are on long term medication that the club should know about, in the interests of your health & safety?

C. Do you require any additional needs which Bolton Hockey Club could provide to aid your participation in club activities?

Please Turn Over To Complete the Form

GENERAL INFORMATION (To be completed by Parent/Guardian or proposed Adult member)

A. Would you be prepared to help out with any of the following ? (Please tick the appropriate box or boxes)

Coaching	<input type="checkbox"/>	Junior Transport	<input type="checkbox"/>	Team Manager	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	First Aid	<input type="checkbox"/>
Umpiring	<input type="checkbox"/>	Child Protection	<input type="checkbox"/>	Other (Please Specify)					

Do you hold any qualifications in the above? (If so please state)

Are you CRB checked ? Yes No

B. (Completion of this question is optional) Is there a skill you can offer the club i.e. Web Designer, Painter, Electrician, Architect ?

Previous Hockey Experience Beginner School College Club County Other

Bolton Hockey Club Code Of Conduct

- All members will be subject to the regulations of the constitution & by joining Bolton Hockey Club (hereafter "The Club") will be deemed to accept these regulations & codes of conduct Adopted by The Club.
- Members will be enrolled into one of the following categories:
 - *Full Member
 - *Associate Member
 - *Junior Member
 - *Life Member
 - *Family Member
- Annual subscriptions should be paid no later than 31st October of each year. There will be subscription increases if not received by the above date unless other arrangements have been made. (Individuals may approach the Treasurer and/or Member of the Management Committee if they are facing financial difficulties).
- All members are entitled to attend the Annual General Meeting.
- All members are entitled to stand for positions on The Clubs Management Committee.
- The Club members have a responsibility to oppose discriminatory behaviour & promote equality of behaviour.
- All members are expected to behave in a sportsmanlike manner. Players receiving cards on the field of play will be fined/suspended according to the terms set at the beginning of each season by the League and The Management Committee.
- Each individual is accountable for his or her own actions. Whether you are playing, a spectator, coaching or umpiring any match, it is your personal responsibility to treat your own team, opposition players, coaches. Spectators, the umpires & any other official with respect before, during & after the match. Abuse will not be tolerated by The Club in any way shape or form & may be subject to disciplinary action by the Management Committee.
- Players are expected to turn up for games with correct kit to play in thus representing The Club with pride.

DECLARATION AND UNDER 18 CONSENT (Please read carefully before signing)

1. UNDER 18 CONSENT (Must be completed by Parent or Guardian if under the age of 18) *delete as appropriate.

I am pleased to allow my *Son/Daughter to participate & to be transported by a responsible adult of the team, to the following in my absence, Bolton Hockey Club's Fixtures, Tournaments, Coaching and Training sessions. I consider my *Son/Daughter to be physically fit and capable of full participation (Unless stated above). In the event that *He/She should be injured when I am not present, I give my permission for the team Captain/Manager/Coach to obtain emergency medical treatment on my behalf.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 2. I have read & support the code of conduct as stated above in relation to Bolton Hockey Club | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. I certify that the information I have given is accurate & complete to the best of my knowledge | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. I consent to this information being stored & used by Bolton Hockey Club & understand that it will not be given to any third party for further distribution for any reason whatsoever (please read the Data Protection Declaration below) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. (Must be Completed by adult if under 18) I consent for my Photograph to be taken only by appointed members of Bolton Hockey Club, will be used solely by the club & will not be passed on to any third party without my prior consent. I also understand that it may be used on the official website to encourage participation & to promote the game of hockey. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Signature

Date

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DATA PROTECTION DECLARATION

The information provided in this membership application form is for the sole use of Bolton Hockey Club & its Management Committee & will not be passed onto any third party for any reason whatsoever, unless legally required to do so by a law any enforcement agency (i.e. Police). All data is held & processed in accordance with the requirements of the Data Protection Act 1988 & within the limits of the Bolton Hockey Club Management Committee.

This information is only accessible to the Bolton Hockey Club Management Committee.