



## Bolton Hockey Club

c/o Farnworth Cricket Club  
Lavender Road, Bolton, BL4 0EA  
info@boltonhc.co.uk  
www.boltonhc.co.uk

# Membership Form

Please complete all sections of this form in block capitals. Please return this form to your team captain or email the form to [info@boltonhc.co.uk](mailto:info@boltonhc.co.uk). If you are under 18 years of age this form **must** be completed by a parent or guardian.

### PERSONAL INFORMATION (Must be completed)

Title		First Name		Last Name	
Gender		Date of Birth	dd/mm/yyyy		

### CONTACT INFORMATION (Must be completed)

Home Address	
Post Code	
Home Phone Number	
Mobile Phone Number	
Email Address	

### EMERGENCY CONTACT INFORMATION (Must be completed)

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

### MEDICAL INFORMATION (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 sport 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?

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> None     | <input type="checkbox"/> Epilepsy               |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Asthma   |   |

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

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

**GENERAL INFORMATION** (To be completed by Parent/Guardian or proposed Adult member)**A. Previous Hockey Experience?**

- Beginner                       Club                                       Country  
 School                               County                                       Other  
 College

**B. Would you be prepared to help out with any of the following?**

- Coaching                               Junior Transport                               First Aid  
 Umpiring                               Child Protection                               Other (Please Specify)  
 Team Manager                               Fundraising

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

**C. Are you CRB checked?**

- Yes     No

**D. Is there a skill you can offer the club? i.e. Web Design, Accountancy, Marketing, etc.****MEMBERSHIP TYPE** (Must be completed)

Please Select	MEMBER TYPE	DESCRIPTION	FEE	MATCH FEE
<input type="checkbox"/>	Adult	Full Membership	£120.00	£8.00
<input type="checkbox"/>	Student	Full Time Student	£60.00	£6.00
<input type="checkbox"/>	Under 18	Full Membership	£60.00	£6.00
<input type="checkbox"/>	Unemployed	Full Membership	£60.00	£3.00
<input type="checkbox"/>	Family	One adult and up to two Under 18's	£160.00	n/a
<input type="checkbox"/>	Social	For Parents and Friends of the Club	£30.00	£10.00

**NOTE:** Proof may be required to be eligible for certain membership types.**DECLARATION & UNDER 18 CONSENT** (Please read carefully before signing)

1. Under 18 Consent (Must be completed by Parent/Guardian if under the age of 18) I 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have read and support the code of conduct in relation to Bolton Hockey Club	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I certify that the information I have given is accurate and complete to best of my knowledge	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I consent to this information being stored and used by Bolton Hockey Club and 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. I consent for my photograph to be taken only by appointed members of Bolton Hockey Club and to be used solely by the club and will not be passed on to any third part without my prior consent. I also understand that it may be used on the official website to encourage participation and to promote the game of hockey.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Signature</b>	<b>Date</b> dd/mm/yyyy

**DATA PROTECTION DECLARATION**

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

## Community Amateur Sports Club (CASC) Gift Aid Declaration – multiple donation

### Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the Community Amateur Sports Club (CASC) from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

**In order to Gift Aid your donation you must tick the box below:**

I want to Gift Aid my donation of £\_\_\_\_\_ and any donations I make in the future or have made in the past 4 years to:

**Name of CASC** \_\_\_\_\_

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

### My Details

Title \_\_\_\_\_ First name or initial(s) \_\_\_\_\_

Surname \_\_\_\_\_

Full Home address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Date \_\_\_\_\_

### Please notify the CASC if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.