

## **Junior club membership form** **BRADFORD HOCKEY CLUB**

We are very pleased to welcome you to

### ***BRADFORD HOCKEY CLUB***

To ensure that we have the correct contact details for you, please insert the information requested below and return this form to a Junior Coach. If you are under 16 please also ask your parents or guardian to sign this form before it is returned.

We will also use this information to ensure that you are kept informed about club events.

#### **Personal details**

**Name:**

**Address:**

**Postcode:**

**Home telephone number:**

**Mobile:**

**email:**

(we would like to use this as an easy, quicker and cheaper way of sending information to you)

**Date of birth:**                      **Gender: Male  Female**

**School**

**Any additional information please add here**

#### **Medical information**

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, etc.)

#### **Emergency contact details**

To be completed by parent/carer

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

**Contact name (e.g. parent/carer):**

#### **Emergency contact numbers**

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/carer:

Signature of parent/carer:

Date: