

BRADFORD HOCKEY CLUB

PLAYER REGISTRATION FORM

Full Name	
Date of Birth	
Address 1	
Post Code	
Address 2	
Post Code	
Telephone No's	
Mobile	
Email	
School/College	

If you are a student living away from home please put down both your term time address and an address for the holiday times.

PLEASE CIRCLE MEMBERSHIP TYPE BELOW

SENIOR	Full senior membership	£
STUDENT	Over 18 at University or College or Unemployed	£
YOUTH	U18 playing senior hockey	£

Under 18 Medical Consent

*(To be completed by parent or guardian for all Under 18 members) * delete where applicable*

I am pleased to allow my son/daughter* to participate in Bradford Hockey Club hockey fixtures, coaching and training sessions. I consider my daughter to be physically fit and capable of full participation, but in the event that she should be injured when I am not present, I give my permission for the team manager/coach named below, to obtain emergency medical treatment on her behalf.

Does your daughter have any allergies? Please state below
Does your daughter need any regular medication or treatment? Please give details.
When was the last time that your daughter was vaccinated against Tetanus?
I will inform the team manager of any changes to the details given above.
Signed: _____ (Parent/Guardian) Date: _____