

# MID SUSSEX HOCKEY CLUB

## MEMBER REGISTRATION



**PLAYER DETAILS:** The entries below in bold and marked with an \*asterisk must be completed in order to be registered as a member on our online club database (Teamer).

Responsibility for the ongoing management and updating of individuals' data resides with individual members via their unique login and password which are set up upon registration. Club Officers with 'Administrator' authority will have access via Teamer to the data you provide in order to administer the club.

<b>*NAME</b>			<b>*DOB</b>		<b>*MALE/FEMALE</b>
ADDRESS					
				POSTCODE	
<b>*TELEPHONE NUMBER (PARENT/CARER'S NUMBER IF PLAYER IS U18)</b>	HOME		MOBILE		
<b>*CONTACT EMAIL (PARENT/CARER'S EMAIL IF PLAYER IS U18)</b>					
DOCTOR (SURGERY)					
<b>*KNOWN ALLERGIES, MEDICAL CONDITIONS OR INJURIES</b>					
HOCKEY UMPIRING/COACHING QUALIFICATIONS.					

### **EMERGENCY CONTACT:**

<b>*PRIMARY CONTACT AND RELATIONSHIP TO PLAYER</b>					
<b>*TELEPHONE NUMBER</b>	HOME		MOBILE		
<b>*SECONDARY CONTACT AND RELATIONSHIP TO PLAYER</b>					
<b>*TELEPHONE NUMBER</b>	HOME		MOBILE		

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### CLUB RULES & CODES OF CONDUCT

MID SUSSEX HOCKEY CLUB is fully committed to safeguarding and promoting the wellbeing of all its members. The club believes that it is important that members, coaches, administrators and parents associated with the club should, at all times, show respect and understanding for the safety and welfare of others. Therefore, members are encouraged to be open and to share any concerns or complaints that they may have about any aspect of the club with your coach, captain or any member of the committee.

As a member of MID SUSSEX HOCKEY CLUB you are expected to read the following Club documents, they should be provided to you upon registering and are also available on the club website ([www.midsussexhockey.co.uk](http://www.midsussexhockey.co.uk)) along with other club policies and guidelines.

- MSHC CLUB CODE OF CONDUCT (for adult players, players under 18, parents, Captains, coaches, managers, administrators)
- PHOTOGRAPHY AND TRANSPORTATION DISCLAIMER

### MEMBERSHIP DETAILS:

- SQUAD**
- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> LADIES TEAM | <input type="checkbox"/> MENS TEAM         | <input type="checkbox"/> JUNIOR SECTION |
| <input type="checkbox"/> COLTS       | <input type="checkbox"/> GIRLS DEVELOPMENT |   |

### TYPE OF ANNUAL MEMBERSHIP

- |   |   |                                      |  |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> FULL MEMBER £120 | <input type="checkbox"/> CONCESSION £85 | <input type="checkbox"/> STUDENT £85 | <input type="checkbox"/> SOCIAL MEMBER £25 |
|---|---|--------------------------------------|--|
- I HAVE READ THE CLUB RULES AND CODE OF CONDUCT AND AGREE TO ABIDE BY THEM.
- I ACKNOWLEDGE THAT MSHC DOES NOT TAKE OUT PERSONAL INJURY COVER AND THAT THIS IS MY RESPONSIBILITY

SIGNED:

DATE:

NAME IN BLOCK CAPITALS:

### PARENTAL CONSENT SECTION: (FOR ALL MEMBERS UNDER 18 YEARS OF AGE)

Place a tick in the boxes below to give consent (if you do not give consent, please write 'No' next to the box)

- I AGREE TO MY CHILD TAKING PART IN THE ACTIVITIES OF MID SUSSEX HOCKEY CLUB.
- I CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, MY CHILD DOES NOT SUFFER FROM ANY MEDICAL CONDITION OTHER THAN THOSE LISTED ON THIS DOCUMENT.
- I AUTHORISE THE TEAM CAPTAIN, COACH OR ANY OTHER OFFICIAL OF MID SUSSEX HOCKEY CLUB, TO CONSENT ON MY BEHALF TO URGENT MEDICAL TREATMENT, SHOULD MY CHILD REQUIRE IT.
- I CONFIRM THAT MY CHILD HAS READ AND UNDERSTOOD THE MSHC CODE OF CONDUCT AND AGREES TO ABIDE BY IT.
- I HAVE READ THE CLUB DISCLAIMER RELATING TO TRANSPORT OF PLAYERS UNDER 18 AND ACCEPT THAT IT IS THE RESPONSIBILITY OF EACH PARENT/CARER TO CONSENT AND BE ACCOUNTABLE FOR ANY TRANSPORT ARRANGEMENTS MADE FOR THEIR OWN CHILD.
- I HAVE READ THE CLUB DISCLAIMER RELATING TO PHOTOGRAPHIC IMAGES AND GIVE CONSENT FOR SUCH PHOTOGRAPHS/VIDEO TO BE TAKEN OF MY SON/DAUGHTER TO BE USED FOR THE PURPOSES STATED.

SIGNED BY

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME IN BLOCK CAPITALS: \_\_\_\_\_

**IF THIS FORM IS NOT BEING COMPLETED ONLINE (VIA CLUB REGISTRATION PROCESS ON TEAMER) IT SHOULD BE RETURNED TO THE MSHC OPERATIONS COMMITTEE EITHER DIRECTLY OR VIA YOUR CAPTAIN/COMMITTEE MEMBER.**