

RICHMOND HOCKEY CLUB MEMBER REGISTRATION FORM 2023-2024

C/o Richmond Hockey Club Treasurer
Email: treasurer@richmondhc.co.uk



All prospective members of Richmond Hockey Club are required to complete this registration form and return it with payment prior to selection for the league season. All details will be kept in a secure database with access restricted to authorised club officers only.

SECTION 1: MEMBER CONTACT INFORMATION

FULL NAME			
ADDRESS 1		DATE OF BIRTH	
ADDRESS 2		HOME PHONE	
TOWN		MOBILE PHONE	
POST CODE		EMAIL	

PLEASE NOTE:
FROM THE 1ST
NOVEMBER 2023
NON-MEMBERS
WILL NOT BE
ALLOWED TO PLAY
CLUB MATCHES OR
ATTEND TRAINING

SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	PLEASE TICK
Senior All Inclusive	Senior Membership (Inclusive of Match Fees & Training)	£180	
Junior/Student All Inclusive ¹	Junior/Student Membership (Inclusive of Match Fees & Training)	£135	
Senior Pay as You Go	Senior Membership (Match Fees £10 & Training Fees £3)	£60	
Junior/Student Pay as You Go ¹	Junior/Student Membership (Match Fees £5 & Training Fees £3)	£60	
Social ²	Social Membership (Match Fees £10 & Training Fees £3)	£0	

¹Junior/Student membership is available to players under 18 or those in full time education.

²A maximum of two games may be played before a higher rate of membership would be required. Intended for casual and non-playing members.

SECTION 3: MEMBER INFORMATION - *(Information in this section is optional and will be used for club development purposes only)*

Would you be interested in learning to coach and or umpire? (Please state)

Would you be interested in being a team manager or club officer? (Please state)

What skills do you have that could help develop the club? (e.g., web design, accounting, printing, planning, sponsorship, etc.)

SECTION 4: MEDICAL INFORMATION & CONSENT

(To be completed by PARENT or GUARDIAN if under 18)

In case of emergency and as part of the club's responsibility to its membership, ALL club members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised club officers only.

NEXT OF KIN		RELATIONSHIP		MOBILE PHONE	
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DOCTORS NAME		SURGERY		SURGERY PHONE	
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As far as you are aware, are you allergic to any drugs? (Please state)

Are you taking any regular medication? If so, for what reason?

Do you have any long-term illnesses or injuries?

Declaration:

I consider myself / my child* to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that I / they* are injured, I give my permission for the team managers/coaches appointed by Richmond Hockey Club to obtain emergency medical treatment on my / child's* behalf.

I agree that I / my child* will participate in the club's activities entirely at my/their* own risk and that I/they* will play in a manner that is safe for me/them* and others. The club recommends players to wear a gumshield and shin pads during training and matches. I understand that not wearing these protective items whilst training / playing hockey is at my / my child's* own risk. (* please delete as appropriate)

I also confirm that I am aware that all information is confidential, and that Richmond Hockey Club will not pass this information to any third party or use it for any other purpose. All personal data will be collected and processed in line with the Data Protection Act 2018.

SIGNED		DATE		RELATIONSHIP (Under 18s)	
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PLEASE TURN OVER

RICHMOND HOCKEY CLUB MEMBER REGISTRATION FORM 2023-2024 (continued)

SECTION 5: UNDER 18 MEMBER CONSENT - (To be completed by Parent / Guardian)

It is a requirement of club policy that parental consent is provided for participation, transportation and photography. Richmond Hockey Club follows the current England Hockey Code of Ethics and the current England Hockey Policy on Safeguarding and Protecting Young People in Hockey which are available on the England Hockey Website (www.englishockey.co.uk).

Please sign and date at the bottom.

TRANSPORTATION: I consent to my child travelling to venues for matches and training by transport provided by the club which may include travelling in other players private cars.

PHOTOGRAPHY: In some environments, particularly adult competition it is impossible to control photography by external parties, however, I am aware that there may be times that photographs and/or footage may be taken during matches and training sessions by approved agents and/or officers of Richmond Hockey Club. I understand such images shall only be used for publicity/training and I give consent for my child to feature in such photos/ images. This includes any reproductions or adaptations of the images for all general purposes i.e., local newspapers, local magazines, other promotional articles (including flyers) and the club's website/social media accounts.

SIGNED		DATE		RELATIONSHIP (Under 18s)	

SECTION 6: HOCKEY CLUB DISCIPLINE - (To be completed by Parent / Guardian for U18's)

I hereby sign up to Richmond Hockey Club's adherence to the current England Hockey Code of Ethics and Behaviour and as such will conduct myself / my child as a member of the Club. Richmond Hockey Club has the right to terminate membership and/or refuse membership to whoever abuses Richmond Hockey Clubs adherence to this code. By signing the discipline chapter, you have agreed to follow the current England Hockey Code of Ethics and Behaviour.

SIGNED		DATE		RELATIONSHIP (Under 18s)	

To ensure that we have the correct contact details for you, please complete the information requested and return the form to the treasurer at the above email address.

This information will be used to keep you informed about Club events and to contact you in the event of an accident or incident.

Bank details for BACS: Richmond Mens Hockey Club, Sort Code 40-38-19, Account No. 01236873