



WEST WILTS HOCKEY CLUB



www.westwiltshockeyclub.co.uk

Annual Subscription Form Season 2010-2011

Please return this annual subscription form to the Membership Secretary at the address shown at the end of this form, on or before 2nd October 2010, along with the required payment. Or bring it along to club day on the 4th September 2010.

Please note that failure to return this form on or before 2nd October 2010 with payment of the correct subscription will mean that you are not entitled to play for the club.

If you make payment by the above date you can reduce the fees below by £10.00.

West Wilts Hockey Club will keep you updated by letter, telephone, email or otherwise about training/coaching information and/or important social activities occurring during the year so please ensure all sections of this form are completed and up-to-date, especially your email address.

***** Please amend or complete the form as necessary. *****

Full Name (inc. Title)	
Address	
Post Code	
Phone Number	
Mobile Number	
Email Address	
Alternate email address	
Date of Birth *	* If you are under 18 please complete the section on the back of this form and also the contact & medical consent form. All forms must be countersigned by a parent or guardian.
Shirt Number **	** If you are a new member a shirt number will be allocated.
Previous Club (if new member)	
Hockey Related Qualifications	
Would you be interested in playing Indoor Hockey during the hockey season?	Yes / No
Would you be interested in playing Summer Hockey in 2011?	Yes / No
Would you be interested in playing mixed team hockey on Sundays, during the hockey season? (16 & over)	Yes / No
Would you be interested in learning to umpire and/or coach hockey? (Please state which)	
Do you have any skills that could help develop the club? (e.g. web design, marketing, accounting, printing etc.)	

Subscription Rates – (Please select appropriate level based on players age at 30th September 2010)

Playing Membership	Adult Playing Full Member (over 18)	£85.00	
	Colt (16 - 18)	£55.00	
	Junior (11 - 15)	£45.00	
	Mini (Under 11)	£40.00	
	Occasional Player	£25.00	
	Social Membership (Does not entitle you to train or play)	£20.00	



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Data Protection Act

West Wilts Hockey Club may use your membership details to keep you updated by letter, telephone, email or otherwise about training/coaching information and/or important social activities occurring during the year. Please note that this information will only be used for matters pertaining to West Wilts Hockey Club and under the Data Protection Act 1988 will not be supplied to any 3rd party organisations.

If you do not wish to receive updates or other notifications, please tick this box

Website Content

West Wilts Hockey Club may from time to time take photos of individuals during matches, training sessions or social activities. These pictures may be published on the West Wilts Hockey Club official website.

If you do not give your permission for photos to be displayed on the website, please tick this box

NB - All members under 18 years old must ask their guardians/parents to sign the separate junior consent form regarding this issue

Colt / Junior and Mini Additional Information

Please ensure that the following questions are answered and please make sure a parent/guardian signs where appropriate.

What is your preferred playing position?	Forward / Midfield / Defence / Goal Keeper
Have you trained/played for West Wilts before?	YES / NO
Would you (parent / guardian) be prepared to help with match day transport	YES / NO
Would you like to be considered for the position of Junior Committee Representative – Applicants should be between the ages of 11 – 16.	YES / NO

A list of useful contacts, including the Club Child Welfare Officer can be found on the Club website.

I enclose my payment for membership to West Wilts Hockey Club (please make cheques payable to West Wilts Hockey Club). Post-dated cheques prior to the start of the season dated 2nd October 2010 are acceptable. You will be given a fixture list and membership card (team players only) on payment of subscription. **Please note that if you leave the club (no membership taken up in any one year) and subsequently rejoin in a new season, we cannot guarantee you will be able to retain your shirt number.**

Signature of Member..... Date.....

I have read the details contained in this subscription form and confirm that they are correct. I agree to my child taking part in training and (if selected) to play for West Wilts Hockey Club. I have arranged payment of the required subscription fee and will ensure match fees are paid on the day of any game.

Signature of Parent / Guardian * Date.....

* Required if member is under 18

**Please return completed form with payment to:
Martin Allsop, 8 Millards Close, Trowbridge, Wilts BA14 7UN
DO NOT RETURN YOUR MEMBERSHIP FORM TO YOUR TEAM CAPTAIN
OR ANY OTHER OFFICER OF THE CLUB**



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Junior Section Contact & Medical Consent Form

Please complete / amend the details on this form and sign where indicated to give your consent.

Full Name of Child	
Address	
Date of Birth	

Parental/Guardian Contact Details

Parent/Guardian Names

.....

Telephone Nos. Day

.....

Evening

.....

Mobile

.....

E-mail address

.....

When answering the following questions please provide as much detail as possible.

Photographs	Please Indicate Yes or No
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, training sessions or social activities by approved agents and/or officers of WWHC. I give consent for my son/ daughter to feature in such photos/images. I also give permission for such images to appear in local newspapers, other promotional articles (including flyers) and the club's website. No names will be shown on the official club website and both the Club and parents reserve the right to remove any photos at any time.	Yes / No

Transportation

I consent to my son/daughter* travelling to venues for matches and training, in transport provided by the club, or in other players' private cars.	Yes / No
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Medical Details

Does your child have any specific medical conditions requiring medical treatment and/or medication? (If yes please give details overleaf)	Yes / No
Does your child have any allergies? (If yes please give details overleaf)	Yes / No
Does your child take any medication for asthma? (If yes please give details overleaf) * any inhalers should have the child's name written on them for the child to use as directed by their doctor when required	Yes / No
Any other relevant information – medical or social .	

I, _____ being parent/guardian* of the above named child hereby give written permission for the West Wilts Hockey Club Coach, Assistant or Captain to give the immediate necessary authority on my behalf for any emergency dental, medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son's/daughter's* interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature (consent by parent/guardian*)

* Please delete as appropriate

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Date

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Print Full Name

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