

Belper Ladies Hockey Club Junior Training Registration Form 2011/12

Belper Girls Management and Coaching Team

www.belperhc.co.uk

All members of Belper Ladies Hockey Club are required to complete this registration form and return it to either
Audra Selby or Sharon Smith

All details will be kept in a secure database with access restricted to authorised club officers only and on a need to know basis.

SECTION 1: MEMBER CONTACT INFORMATION

| | | | |
|-----------------|--|----------------------|--|
| Surname | | Forename | |
| Address | | Date of Birth | |
| | | Home Phone | |
| | | Mobile Phone | |
| Postcode | | | |
| Email | | | |

SECTION 2: MEMBER INFORMATION

(Information in this section is optional and will be used for club development purposes only)

| |
|--|
| What school/college do you attend? |
| NON-STUDENTS – What is your occupation? |
| Would you be interested in learning to coach and or umpire? (includes parents, please state) |
| Would you be interested in being a team manager or club officer? (includes parents, please state) |
| What skills do you have that could help develop the club? (includes parents, please state) (e.g. web design, accounting, printing, (includes parents, please state) sponsorship, etc) |

SECTION 3: MEDICAL INFORMATION & CONSENT

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

In case of an 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 and on a needs to know basis.

| | | | | | |
|---|--|---------------------|--|---------------------|--|
| Emergency Contact no | | Relationship | | Mobile no | |
| Doctors Name | | Surgery | | Phone | |
| As far as you are aware, are there any allergies to any drugs? (Please state) | | | | | |
| Taking any regular medication? If so, for what reason? | | | | | |
| Any long term illnesses or injuries? | | | | | |
| Declaration: I consider my daughter to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. In the event that my daughter is injured I give my permission for the team managers/coaches/first aider appointed by BELPER LHC to obtain emergency medical treatment on my behalf. | | | | | |
| SIGNED | | DATE | | RELATIONSHIP | |

CONTINUED OVER

SECTION 4: 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. The BELPER LHC members Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy is available on request.

SAFETY: I am aware that it is a requirement when taking part in a practice/training or game for my daughter to wear a gumshield and shinpads at all times

TRANSPORTATION: I consent to my daughter travelling to venues for matches and training by transport provided by the club which may include travelling in other parents/ player’s private cars.

PHOTOGRAPHY: In some environments, particularly adult competition it is impossible to control photography by external parties, however, I am aware that there maybe times that photographs and/or footage maybe taken during matches and training sessions by approved persons or officers of Belper LHC. Such images shall only be used for publicity/training purposes in accordance with the Belper LHC Safeguarding and Protecting Young People in Hockey Policy and Photography Policy and I give consent for my daughter to feature in such photos/ images. I give permission for approved persons to use the images resulting from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes ie local newspapers, local magazines, other promotional articles (inc. flyers) and the club’s website.

The full Belper Ladies Hockey Club Safeguarding and Protecting Young People Policy is available on the Belper HC website www.belperhc.co.uk/ladiesjuniors.htm

| SIGNED | DATE | RELATIONSHIP |
|--------|------|--------------|
|--------|------|--------------|

SECTION 5: ETHNICITY & DISABILITY

It is not compulsory for the following sections to be completed, the paragraph below explains why this personal information is considered to be important.

Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have existed within sport particularly in relation to gender, race and disability. Sport England and England Hockey are committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of people in sports clubs, national governing bodies of sport and Sport England can identify any issues relating to the under representation of different groups and can develop strategies to ensure that all people have the opportunity in the future to develop and progress in sport.

England Hockey requests this data from clubs as part of the annual affiliation process and completing this data accurately enables the club to give an accurate picture to England Hockey of our membership.

PLEASE TICK THE BOX THAT BEST DESCRIBES YOUR ETHNICITY

ETHNICITY OF CLUB MEMBERS

| | TICK BOX | | TICK BOX |
|-----------------------------------|----------|--------------------------------------|----------|
| White British | | Asian or Asian British - Pakistani | |
| White Irish | | Asian or Asian British - Bangladeshi | |
| White Other | | Asian or Asian British – Other | |
| Mixed – White and Black Caribbean | | Black or Black British – Caribbean | |
| Mixed – White and Black African | | Black or Black British – African | |
| Mixed – White and Asian | | Black or Black British – Other | |
| Mixed – Other | | Chinese | |
| Asian or Asian British - Indian | | Other Ethnic Group | |

PLEASE TICK TO INDICATE ANY LEARNING OR PHYSICAL DISABILITIES

DISABILITY

| | TICK BOX |
|---------------------|----------|
| Deaf | |
| Visually impaired | |
| Hearing impaired | |
| Physical disability | |
| Learning disability | |
| Multiple disability | |

Please add any additional relevant information:

To ensure that we have the correct contact details for your daughter please complete the information requested and return the form to Audra Selby or Sharon Smith. This information will be used to keep you informed about Club events and to contact you in the event of an accident or incident. If any circumstances change then please advise us so we can keep our records up to date.