



Andover Hockey Club

www.andoverhockeyclub.co.uk

SEASON 2013/14

ADULT MEMBERSHIP REGISTRATION



All prospective adult members (over 18 only) of Andover 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. Under 18's should complete a Junior Section Membership form.

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	Mr/Mrs/Miss/Ms (Please circle)		
FULL NAME			
ADDRESS 1		DATE OF BIRTH	DD/MM/YYYY
ADDRESS 2		HOME PHONE	
TOWN		MOBILE PHONE	
POST CODE			
EMAIL			

SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	Please Tick
ADULT	Full Senior Membership	£150	
STUDENT /UNEMPLOYED	Full time students or unemployed playing Senior Club Matches	£75	
FREE ASSOCIATE	Non-playing active volunteers within the club	£0	

SECTION 3: MEMBER INFORMATION

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

STUDENTS – What school/college or university do you attend?
NON-STUDENTS – What is your occupation?
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)
Ethnicity (e.g. White British, Black British, Asian, Chinese, Mixed, etc.)

SECTION 4: MEDICAL INFORMATION & CONSENT

In case of emergency and as part of the clubs 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	
DOCTORS NAME		SURGERY		PHONE	
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 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 am injured I give my permission for the team managers/coaches appointed by Andover HC to obtain emergency medical treatment on my behalf. I also confirm that I have read the Club's Child Protection and Equity in Coaching policy documents (copies available from the club website).					
SIGNED				DATE	