

# Ottery Crickets Hockey Club FAMILY Membership Form

1. Please complete this form carefully in **CAPITALS** and then return it to the Club Membership Secretary (contact details on Page 4) or to your Team Captain **with your membership subscription**.
2. Players need to have completed a membership form for the **first training session they attend/match they play (whichever is the earlier)**. Annual membership subscriptions should be paid at this time. Cheques should be made payable to **Ottery Crickets Hockey Club**. Membership subs are to be paid by **30<sup>th</sup> September** at the latest. Players who have not submitted their subs by this date will not be able to enjoy the benefits of membership, i.e. to attend training or represent the Club.

## **MEMBERS PERSONAL DETAILS**

### Family Address

|           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Address   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Post Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Home Phone:    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Family e-mail: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### Members Individual Details (individual mobiles *recommended* if available; individual e-mail is optional)

|                          |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--|--|
| Full Name                |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| Mobile                   |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| e-mail:                  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth (DD/MM/YY) |  |  |  |  |  |  |  |  |  |  |  |  | Age (on 1 <sup>st</sup> Jan 2012) |  |  |  |  |  | Gender |  |  |  |  |  |  |  |  |  |  |  |

|                          |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--|--|
| Full Name                |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| Mobile                   |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| e-mail:                  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth (DD/MM/YY) |  |  |  |  |  |  |  |  |  |  |  |  | Age (on 1 <sup>st</sup> Jan 2012) |  |  |  |  |  | Gender |  |  |  |  |  |  |  |  |  |  |  |

|                          |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--|--|
| Full Name                |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| Mobile                   |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| e-mail:                  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth (DD/MM/YY) |  |  |  |  |  |  |  |  |  |  |  |  | Age (on 1 <sup>st</sup> Jan 2012) |  |  |  |  |  | Gender |  |  |  |  |  |  |  |  |  |  |  |

|                          |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--|--|
| Full Name                |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| Mobile                   |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| e-mail:                  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth (DD/MM/YY) |  |  |  |  |  |  |  |  |  |  |  |  | Age (on 1 <sup>st</sup> Jan 2012) |  |  |  |  |  | Gender |  |  |  |  |  |  |  |  |  |  |  |

|                          |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|--|--|
| Full Name                |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| Mobile                   |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| e-mail:                  |  |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth (DD/MM/YY) |  |  |  |  |  |  |  |  |  |  |  |  | Age (on 1 <sup>st</sup> Jan 2012) |  |  |  |  |  | Gender |  |  |  |  |  |  |  |  |  |  |  |

# Ottery Crickets Hockey Club FAMILY Membership Form

## **FAMILY MEMBERSHIP**

Family membership is available to nuclear families with the first two playing family members charged at normal playing member rates, third and subsequent family members pay £1 each. Please enter the number of members in each category.

| Category  | Description                        | Rate       | Number                   |
|---|------------------------------------|------------|--------------------------|
| Family  | ADULT                              | <b>£90</b> |                          |
|   | STUDENT                            | <b>£60</b> |                          |
|   | JUNIOR                             | <b>£45</b> |                          |
|   | SPECIAL RATE                       | <b>£1</b>  |                          |
|   | <b>TOTAL FAMILY MEMBERSHIP FEE</b> |            |                          |
| If you are a member of OTTERY <u>CRICKET</u> CLUB please tick here. |                                    |            | <input type="checkbox"/> |

## **NEXT OF KIN or PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION**

The Club will assume the details provided under member's details may also be used for emergency contacts. If you wish to provide additional/alternative next of kin/emergency contact details, please complete this section.

|                             |  |
|-----------------------------|--|
| Name                        |  |
| Relationship                |  |
| Emergency Phone             |  |
| Alternative Emergency Phone |  |

## **MEMBER'S MEDICAL/HEALTH INFORMATION & SPORTS EQUITY**

Does any member of your family have a medical condition including allergies, please **tick**

Yes  No

If 'yes', please enter the member's name, give the condition and, if relevant, the medication used (e.g. Asthma)

| NAME | CONDITION & MEDICATION |
|------|------------------------|
|      |                        |
|      |                        |
|      |                        |
|      |                        |
|      |                        |

# Ottery Crickets Hockey Club FAMILY Membership Form

## SPORTS EQUITY INFORMATION

This information is important used for Club and member development as well as by England Hockey at regional/national levels to help gain an understanding of the hockey playing community.

**ETHNICITY OF CLUB MEMBERS** (Please enter either "ALL" in the box next to the appropriate description if all family members are of the same ethnicity or if different please enter the member's first name in the appropriate box.)

|                                   |  |                                     |  |
|-----------------------------------|--|-------------------------------------|--|
| White British                     |  | Asian / Asian British - Pakistani   |  |
| White Irish                       |  | Asian / Asian British - Bangladeshi |  |
| White Other                       |  | Asian / Asian British - Other       |  |
| Mixed - White and Black Caribbean |  | Black / Black British - Caribbean   |  |
| Mixed - White and Black African   |  | Black / Black British - African     |  |
| Mixed - White and Asian           |  | Black / Black British - Other       |  |
| Mixed - Other                     |  | Chinese                             |  |
| Asian / Asian British - Indian    |  | Other Ethnic Group                  |  |

Does any member of your family have a disability? please tick

Yes

No

If 'yes', please enter the member's name, tick the appropriate disability

| NAME         | DISABILITY          |                     |                     |                     |                     |                   |
|--------------|---------------------|---------------------|---------------------|---------------------|---------------------|-------------------|
|              |                     | Physical disability |                     | Learning disability |                     | Visually impaired |
|              | Hearing impaired    |                     | Multiple disability |                     | Other (enter below) |                   |
|              | Physical disability |                     | Learning disability |                     | Visually impaired   |                   |
|              | Hearing impaired    |                     | Multiple disability |                     | Other (enter below) |                   |
|              | Physical disability |                     | Learning disability |                     | Visually impaired   |                   |
|              | Hearing impaired    |                     | Multiple disability |                     | Other (enter below) |                   |
|              | Physical disability |                     | Learning disability |                     | Visually impaired   |                   |
|              | Hearing impaired    |                     | Multiple disability |                     | Other (enter below) |                   |
| <b>OTHER</b> |                     |                     |                     |                     |                     |                   |
|              |                     |                     |                     |                     |                     |                   |

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## MEMBER'S SKILLS

To share responsibility for the day to day operation of the Club we aim to make best use of our members' skills and qualifications. To help us do this, please complete the following for each member **IF THERE IS A QUALIFICATION OR SKILL YOU WISH TO SHARE.**

| NAME |                            |  |                              |  |                |  |
|------|----------------------------|--|------------------------------|--|----------------|--|
|      | First Aider                |  | Date of award                |  |                |  |
|      | Qualified Coach            |  | Level/Date of award          |  |                |  |
|      | Qualified Umpire           |  | Level/ Reg No/ Date of award |  |                |  |
|      | I would like to help as a: |  | Club Official                |  | General Helper |  |
|      | First Aider                |  | Date of award                |  |                |  |
|      | Qualified Coach            |  | Level/Date of award          |  |                |  |
|      | Qualified Umpire           |  | Level/ Reg No/ Date of award |  |                |  |
|      | I would like to help as a: |  | Club Official                |  | General Helper |  |
|      | First Aider                |  | Date of award                |  |                |  |
|      | Qualified Coach            |  | Level/Date of award          |  |                |  |
|      | Qualified Umpire           |  | Level/ Reg No/ Date of award |  |                |  |
|      | I would like to help as a: |  | Club Official                |  | General Helper |  |
|      | First Aider                |  | Date of award                |  |                |  |
|      | Qualified Coach            |  | Level/Date of award          |  |                |  |
|      | Qualified Umpire           |  | Level/ Reg No/ Date of award |  |                |  |
|      | I would like to help as a: |  | Club Official                |  | General Helper |  |
|      | First Aider                |  | Date of award                |  |                |  |
|      | Qualified Coach            |  | Level/Date of award          |  |                |  |
|      | Qualified Umpire           |  | Level/ Reg No/ Date of award |  |                |  |
|      | I would like to help as a: |  | Club Official                |  | General Helper |  |

If you have ticked Club Official or General Helper, please indicate if there is anything specific you are interested in.

