

Ottery Crickets Hockey Club Membership Registration 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 **30th Sept** 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.
3. If you are under 18 year of age your application **must** be completed by a parent or your guardian.

MEMBER'S PERSONAL DETAILS

Forename					
Surname					
Date of Birth (DD/MM/YY)		Age (on 1 st Jan 2011)			Yrs
Address					
Post Code					
Home Phone					
Mobile					
Email					
School/College (if applicable)					

CLUB MEMBERSHIP CATEGORY

Please **tick** your membership category. Families should complete **one form per family member** and then submit their applications collectively to the Membership Secretary.

Category	Description	Rate	Tick
Adult	Playing member, aged 18 years or older.	£90	
Student	Playing member in school Year 12 or above; in full-time further education; in full-time higher education; an apprentice or registered unemployed.	£60	
Junior	Playing member in school Year 11 and below.	£45	
Temporary	A non-member who seeks Temporary Membership in order to represent the Club in a tournament/competition, mixed event, summer league or similar.	£15	
Family	First two playing nuclear family members charged at normal playing member rates, third and subsequent members of family pay £1 each.		
If you are a member of OTTERY <u>CRICKET</u> CLUB please tick here.			

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MEMBER'S MEDICAL/HEALTH INFORMATION

Do you/does your child suffer from any medical condition, including any allergies? (Please **tick**)

Yes No

If 'yes', please state give the condition and, if relevant, the medication used (e.g. Asthma)

SPORTS EQUITY INFORMATION

Please complete this information as it is important to the Club and member development. It is also used by England Hockey at regional/national levels to help gain an understanding of the hockey playing community. The figures are also used by organisations such as Sport England when they consider the future grant funding to hockey.

Please **tick** the relevant boxes:

GENDER

Male Female

ETHNICITY OF CLUB MEMBERS

White British	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British - Bangladeshi	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian or Asian British - Other	<input type="checkbox"/>
Mixed - White and Black Caribbean	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>
Mixed - White and Black African	<input type="checkbox"/>	Black or Black British - African	<input type="checkbox"/>
Mixed - White and Asian	<input type="checkbox"/>	Black or Black British - Other	<input type="checkbox"/>
Mixed - Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

Do you/does your child have any of the following forms of disability? If yes, please **tick** and complete:

Physical disability	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Visually impaired	<input type="checkbox"/>
Hearing impaired	<input type="checkbox"/>	Multiple disability	<input type="checkbox"/>	Other (see below)	<input type="checkbox"/>

Other (please give relevant details):

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NEXT OF KIN or PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Name

Relationship

Emergency Phone

Alternative Emergency Phone

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:

Are you a qualified and current first aider - if so please specify qualification and date achieved?

Yes No

Are you a qualified, current hockey coach - if so please specify level of qualification, date achieved and your experience?

Yes No

Are you a qualified and current hockey umpire - if so please specify level of qualification, registration number, relevant county umpiring association, date achieved and your experience?

Yes No

Would you be interested in being an umpire, coach, team manager or club officer? (Please state)

Yes No

Would you be interested in becoming a qualified coach and/or umpire? (Please state)

Coach Umpire Both Not interested

Do you have any skills could you contribute to help develop the club? (e.g. business/sports management, web design, accounting, printing, planning, media relations/PR, fund raising/ sponsorship, legal etc)

