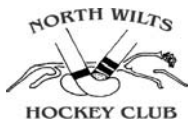


North Wilts Hockey Club HQ – Dorcan Sports Centre, St Pauls Drive,
Swindon, SN3 5BY Tel:01793 533763
www.northwiltshc.co.uk

North Wilts HC (JUNIOR SECTION 6-7pm) Membership Form

SECTION A									
First (Known) Name:					Sex of player:				
Initial:					Male	<input type="checkbox"/>			
Surname:					Female	<input type="checkbox"/>			
Home Telephone number				Mobile number					
Work Telephone number				Email (As used to register on line)					
Postal Address									
Postcode									
Playing position (tick one box only)	Forward	<input type="checkbox"/>	Midfield	<input type="checkbox"/>	Defence	<input type="checkbox"/>	Goalkeeper	<input type="checkbox"/>	
Interested in Helping/Coaching/Umpiring?	Yes/No			If yes, which?					
Name of Parent/Guardian				Parent/Guardian Telephone No:					
Email: Player				If you would like to receive club news, please tick	<input type="checkbox"/>				
Parent/Guardian				If you would like to receive club news, please tick	<input type="checkbox"/>				
N.B. To aid communication, most club information is circulated by email									
Date of Birth of Member(DD/MM/YYYY)				Age on 31st Dec this year (2009)					
School Attending									
Medical/special requirements	If there are any dietary, allergy, health problems etc. please detail below								
DOCTORS INFORMATION									
Name & Tel. of Doctor									
EMERGENCY CONTACT:									
NAME & TEL. (1)									
NAME & TEL. (2)									
SECTION B									
MEMERSHIP	2009-10 Season Membership Fees				Notes	Please Tick			
Junior Training	£40.00 Payable by 15 th Sept (Payment for Tuesday Training Sessions) £3 per Friendly / Tournament				Pay by Cheque	<input type="checkbox"/>			
					Pay by Cash	<input type="checkbox"/>			



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Equity Policy	North Wilts Hockey Club is a club for all. As such its equity policy collects information for use by England Hockey. It will not be used for any other purposes. Please see our website www.northwiltshc.co.uk for full details.		
If you do not want to give us this information please tick here			<input type="checkbox"/>
Otherwise please complete this section:	The Commission for Racial Equality recommends the monitoring of the following categories:		
Please tick which category you belong to:	A: White (English, Irish, Scottish, Welsh, Other)	<input type="checkbox"/>	
	B: Mixed (White and Black Caribbean, White and Black African, White and Asian, Other)	<input type="checkbox"/>	
	C: Asian or Asian British (Indian, Pakistani, Bangladeshi, Other)	<input type="checkbox"/>	
	D: Black or Black British (Caribbean, African, Other)	<input type="checkbox"/>	
	E: Chinese or Other Ethnic Group (Chinese, Other)	<input type="checkbox"/>	
Declaration of Parent/Guardian	a) I agree to my son/daughter taking part in coaching/matches/events for North Wilts HC		
(By Signing You agree to the medical consent):	b) I consent for any emergency medical treatment necessary. In such circumstances I understand that every effort shall be made to contact me prior to any action being taken. (For full information please review the consent statements on web site and in welcome pack)		
Image Consent: (Please tick only if you agree)	c) I give permission for my son/daughters image to be used by North Wilts HC for promotional, information or training purposes in print, on video and on the club website	<input type="checkbox"/>	
Travel Consent: (Please tick only if you agree)	d) I give permission for my son/daughter to travel with one of the club official's (who has been CRB checked) to Friendlies/Tournaments where I am unable to provide transport	<input type="checkbox"/>	
(For full information please review the permission statement on club web site and in the Welcome pack)			
Signed: Parent/Guardian		Date	

Hand this form and Money / Cheque to Janet Hopping directly

(Please make cheques payable to: North Wilts Hockey Club)

Contact NWHC Membership Secretary to discuss payment issues.
Details can be found at our Website www.northwiltshc.co.uk