

**City of York Hockey Club
Youth Section
Membership Registration and Consent Form**

Surname:		First Name:	
D.O.B:		Preferred/nick name:	
Age Group/Sess: Tots/U8 U10 U12 U14 U16 New St-Hunt New St-Energise			
Address:			
Post Code:			
Home Phone:		Mobile:	
Please provide for main contact – match details, newsletters etc. Please advise us if this e-mail address changes,		e-mail address:	
Alternative contact for emergencies/Name; Parent/Guardian Name: Phone No.			

Medical Information and consent

Please provide details of any medical conditions, allergies, disabilities, on going medication or treatment:

Please advise your coach of any new injuries or medical conditions before each training session / match.

Date of last tetanus: _____ or U.T.D. if all school medicals complete.

The club will make every effort to contact parent/guardians in the event of any illness or accident, however I have completed the medical details (as above) and consent that in the event of any such incident, the necessary treatment can be administered to my child, and this may include the use of anaesthetics. I also understand that whilst team and club officials will take every reasonable precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss damage or injury suffered by my child.

Signed.....Parent/Guardian

Photographic Publication consent

I give permission for photograph/video to be taken of my child named above during matches, tournaments and club events and used for the promotion of the City of York Hockey Club, publication in match reports and team photographs to be displayed in the club house or on the club website.

Signed Parent/Guardian

Membership and training fees: £60.00 (Yr 7 and below) or £80.00 (Yr 8 and above) except under 14 boys which will be £60.00

Cheque enclosed: £ _____ Cash enclosed: £ _____

[Payable to: "City of York Hockey Club Youth Section"]

Please send to Mrs Trisha Birch, 15 Chestnut Green, Off Water Lane, Monk Fryston, North Yorkshire LS25 5PN

Training Fees Paid Date

**Checklist
Registration Form
Payment**

