## CAMBRIDGE SOUTH HOCKEY CLUB

## JUNIOR PLAYER REGISTRATION AND CONSENT FORM

Player Details:				
Name:		•••••		•••••
Home address:				
		Post code:		
Date of birth:	11	Gender:	$\Box$ M	□F
Name of school:				
Medical conditions: (relevant to hockey e.g. asthma, allergies)				
Parent/Guardian	Details:			
Name:				
Home address: (if different from player)	Post code:			
Mobile:	Email: .			
Relationship to player		<b></b>		
Emergency Conta	act (other than the parent/guard	dian above):		
Name:				
Mobile:	Relations	ship to player:		
Subscription and	Fees:			
Junior hocke <mark>y run</mark> s fro	om Sep <mark>tem</mark> ber to <mark>March a</mark> t the <mark>club's p</mark> it lates an <mark>d m</mark> embership fees are published			rm College.
Behaviour and Co	onduct:			
and Behaviour, available	and players are expected to abide by En e on the club web site, including the spece ectators and parents. Sanctions, including lied for breaches of the code of behavior	cific sections re warnings, time	elating to p	layers,
Emergency Medic	al Treatment Consent:			
made to contact a pai	or player suffering illness or accident, I ur rent/guardian or emergency contact. If i sary medical treatment being given to th	mmediate trea	tment is re	equired, I
Signed:	Name:	Date:	1	/
Photography Cor	sent:			
sessions.All filming an Safeguarding & Protect In particular, no junion	ckey Club may on occasion take photogo d photography will be done in accordan ing Young People policy & Photography Guid player will be personally identified in ar comotional purposes or to assist with play	ice with Englan dance, available ny photograph	d Hockey's on the clu or video, w	b web site. which will be
Please confirm your o	onsent to the taking and use of images a	as described at	ove by sign	ning below.
Signed:	Name:	Date:	/	/
Player:	Name:	Date:	1	/