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:	<u> </u>		,		
Home address: (if different from player)					
Mobile:					
Email:					
	r:				
					••••••
	act (other than the p				
Full name:					•••••
Mobile:		Relationsh	ip to player:		
Subscription and	Fees:				
Sixth Form College. F	aturdays 9-10am from Sep Full details and dates are p Cambr <mark>idge S</mark> outh Hockey (ublis <mark>hed on t</mark> he	club web site	. Payment i	s by cheque
Subscription:	Taster (3 weeks) - £15	□ Full seasor	1 (23 weeks)	-£100	
Emergency Medi	cal Treatment Conse	ent:			
made to contact a pa	or player suffering illness o rent/guardian or emergen sary medical treatment be	<mark>cy co</mark> ntact. If im	nme <mark>diate trea</mark>	tment is re	quired, I
Signed:	Name:		Date:	/	. /
Photography Co	nsent:				
sessions. All filming an Safeguarding & Protect In particular, no junio	ockey Club may on occasiond photography will be do ting Young People policy & F or player will be personally omotional purposes or to	one in accordance Photography Guide identified in any	e with England ance, available photograph	d Hockey's on the clu or video, w	b web site. hich will be
Please confirm your	consent to the taking and	use of images as	described ab	ove by sigr	ning below.
Signed:	Name:		Date:	/	. /
Player:	Name:	• • • • • • • • • • • • • • • • • • • •	Date:	/	. /