## CAMBRIDGE SOUTH HOCKEY CLUB

## JUNIOR PLAYER REGISTRATION AND CONSENT FORM

Player Details:					
Full name:					
Home address:					
			Post code:		
Date of birth:	11		Gender:	M / F	
Name of school:		· · · · · · · · · · · · · · · · · · ·			
Medical conditions: (relevant to hockey e.g. asthma, allergies)	//				
Parent/Guardiar	Details:				
Full name:			. ] // //.		
Home address: (if different from player)					
Maria					
Mobile:					
Email:					
	r:				
<b>Emergency Cont</b>	act (other than th <mark>e</mark> p				
Full name:					
Mobile:		Relationship	to player:		
Subscription and	l Fees:				
Sixth Form College.	Saturdays 9-10am from Sep Full detai <mark>ls and dates are p</mark> Cambridge South Hockey (	ublish <mark>ed on the clu</mark>	b web site.	Payment is by cheque	
Subscription:	Taster (3 weeks) - £15	ster (3 weeks) - £15  □ Full season (23 weeks) - £100			
Emergency Medi	cal Treatment Conse	ent:			
made to contact a pa	or player suffering illness o arent/guardian or emergen ssary medical treatment be	<mark>cy co</mark> ntact. If imme	e <mark>diate trea</mark> tr	ment is required, I	
Signed:			Date:	11	
Photography Co	nsent:				
sessions. All filming a Safeguarding & Protection particular, no junio	ockey Club may on occasion ockey Club may on occasion of the doctor of t	ne in accordance we Photography Guidance identified in any ph	vith England e, available o notograph o	Hockey's on the club web site. r video, which will be	
Please confirm your	consent to the taking and	use of images as de	escribed abo	ove by signing below.	
Signed:	Name:		Date:	11	
Player:	Name:		Date:	11	