

CAMBRIDGE SOUTH HOCKEY CLUB

PLAYER REGISTRATION AND CONSENT FORM

Player Details:

Name:

Home address: Post code:

Email:

Mobile: Other:

Date of birth: / / Gender: ☐ M ☐ F

Medical conditions:
(relevant to hockey
e.g. asthma, allergies)

Emergency Contact:

Name:

Phone: Relationship to player:

Umpiring:

Are you a qualified hockey umpire (including probationer)? ☐ Yes ☐ No

Coaching:

Do you possess a hockey coaching qualification? ☐ Yes ☐ No

Playing Position:

Do you have any preferred playing positions (please tick all that apply)?

☐ Goalkeeper ☐ Defence ☐ Midfield ☐ Forward

Previous Club:

Have you played hockey for another UK club this season (i.e. since September), or last played club hockey in another country (in this or any season)?

☐ Yes (Club: Country:) ☐ No

Membership and Fees:

Club membership is subject to payment of the appropriate annual subscription. Match fees are payable separately. Current subscriptions and fees are published on the club web site.

This section to be completed by adult players only.

Emergency Medical Treatment Consent:

In the event of incapacitation due to illness or accident, I understand that every effort will be made to contact my emergency contact. If immediate treatment is required, I consent to any necessary medical treatment being given to me.

Signed: Name: Date: / /

This section to be completed for U18 players only.

Parent/Guardian Details:

Name:

Home address:
(if different from player)

Post code:

Email:

Mobile: Other:

Relationship to player:

Consents:

Cambridge South Hockey Club has adopted England Hockey's *Safeguarding & Protecting Young People* policy, available on the club web site. All activities will be carried out in accordance with this policy.

COMMUNICATION

I consent to the player receiving communications from team captains and club officers relevant to club purposes via the contact details provided. If you would like the parent/guardian named above to be copied on communications, please tick this box: ☐

TRAVEL

Lifts may be provided to away matches and venues. I consent to the player travelling in other players' private vehicles for such purposes.

CHANGING FACILITIES

I understand that U18s playing in senior teams will share changing accommodation with adult players and confirm my consent to this.

EMERGENCY MEDICAL TREATMENT

In the event of an U18 player suffering illness or accident, I understand that every effort will be made to contact a parent/guardian or emergency contact. If immediate treatment is required, I consent to any necessary medical treatment being given to the player named above.

PHOTOGRAPHY

The club may on occasion take photographs or videos of matches and training sessions. All filming and photography will be done in accordance with England Hockey's *Photography Guidance*, available on the club web site. In particular, no U18 player will be personally identified in any photograph or video, which will be used only for club promotional purposes or to assist with player coaching and development. I consent to the taking and use of images as described above.

Signed: Name: Date: / /

Player: Name: Date: / /

Please send your completed form to join@cambridgesouthhockeyclub.co.uk or hand to any club officer or team captain.

All information is held in a protected database accessible only by club officers and captains.