

CAMBRIDGE SOUTH HOCKEY CLUB

JUNIOR PLAYER REGISTRATION AND CONSENT FORM

Player Details:

Name:

Home address:

..... Post code:

Date of birth: / / Gender: ☐ 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: Other:

Email:

Relationship to player:

Emergency Contact (other than the parent/guardian above):

Name:

Mobile: Relationship to player:

Subscription and Fees:

Junior Hockey runs Saturdays 9-10am from September to March at the club's pitch at Long Road Sixth Form College. Full details and dates are published on the club web site. Payment is by cheque or bank transfer to Cambridge South Hockey Club. Please choose your subscription below.

Subscription: ☐ Taster (3 weeks) ☐ Full season

Emergency Medical Treatment Consent:

In the event of a junior 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 junior player named above.

Signed: Name: Date: / /

Photography Consent:

Cambridge South Hockey Club may on occasion take photographs or videos of Junior Hockey sessions. All filming and photography will be done in accordance with England Hockey's *Safeguarding & Protecting Young People* policy & *Photography Guidance*, available on the club web site. In particular, no junior 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.

Please confirm your consent to the taking and use of images as described above by signing below.

Signed: Name: Date: / /

Player: Name: Date: / /