



Dunstable Underwater Hockey Club New Starter Form 2023

Personal Details of Child		
Surname		
Forename		
Preferred Name		
Date of birth		Female <input type="checkbox"/> Male <input type="checkbox"/>

Home address	
Telephone	

Emergency Contact Information			
Title			
Full Name			
Address if different from child's address			
Contact telephone numbers:		Tick priority contact number	
Home		<input type="checkbox"/>	Relationship to child
Mobile		<input type="checkbox"/>	
Work		<input type="checkbox"/>	
Email Address			

Please turn to page 2 – Medical information



Medical Information			
Doctor's name			
Practice name			
Practice address		Practice telephone number	
Does your child have any HEALTH problems?		<u>Yes</u> <input type="checkbox"/>	No <input type="checkbox"/>
If yes please provide details:			
Do you give permission for first aid to be administered if necessary?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Permissions

I confirm that my child can swim 25 metres unaided and is confident in the water. I further understand that the game is played underwater wearing flippers and a snorkel and mask.

I also confirm that my child will obey all instructions from coaches promptly and always behave in a manner suitable to the pool setting.

I agree that the information given in this form is accurate and will endeavour to inform Dunstable Underwater Hockey club of any changes to the details given at the earliest opportunity.

Signature of parent/carer _____

Print name _____ Date _____



Please note that personal details supplied on this form will be held and/or computerised by **Dunstable Underwater Hockey Club** only.

Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.