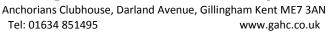


## Parental Consent and Junior Membership Form

## Gillingham Anchorians Hockey Club





Junior Co-ordinator:- Nigel M<sup>c</sup>Donald, 2 Church Mews, Rainham, ME8 8LB 01634 376235, 07973 816903, anchoriansjhc@gmail.com

## Any player under the age of 18 must return this form to Junior Training Coach before participating in any training or matches.

Childs Name	D.O.B
Child's E-mail Address	
School	
Male □ Female □	
Parent / Carers Names	
Home Address	
Post Code	
Email address	
Home Telephone Number (inc area code)	
Mobile Telephone Number	
(please tick which phone number should be used in the even	t of an emergency)
In the event that a representative of the club not being a numbers above, please provide details of a relative or friend	_
Name Relations	hip to child
Emergency contact number	

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MEDICAL INFORMAT	ION AB	OUT M	Y CHILD	):				
Do you consider your	child to	have a	ı disabil	ity?	YES		NO	
If yes, what is the nature of the disability?								
Does your child have a medical condition that we need to be aware of, including medication								
and allergies?	YES		NO		If yes,	please {	give brie	ef details:
Is your child taking m	edicatio	on on a	regular	basis?	YES		NO	
If yes please give deta	ails							
In order to help the club monitor its membership, please tick one of the boxes below to identify your ethnic group:								
White								
Mixed								
Asian or Asian British								
Black or Black British								
Chinese								
Other (please state)	□	•••••	•••••	•••••	•••••	•••••	•••••	
Have you played hock If yes, where? Please	-		YES		NO			
Primary School								
Secondary School								
Special Needs School								
Club								
JDC (District)								
JAC (County)								
Other (please state)		□						

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By returning this completed form, I agree to my child taking part in the activities at this club and acknowledge the need for good conduct and responsible behaviour on their part at all times.

I understand that in the event of an injury or illness all responsible steps will be taken to contact me, and to deal with that injury/illness appropriately. I will also ensure that the club be updated throughout the season with any necessary information that may be of importance to the Junior Co-ordinator.

\*I agree/do not agree to my child being photographed as a representative of Gillingham Anchorians Hockey Club.

\*The club may/may not use my child's photo in publicity material (including the website). N.B. No personal information will be posted with any photo or video.

We use email and social media (twitter/facebook) to contact players. Please tick the box if you are NOT happy for us to use these communication methods with your child. 

Our official Gillingham Anchorians Hockey Club Facebook site is a closed one, closely monitored by Club officials - we will only allow access to Club members aged 13 years and over.

The club will use the information on this membership form (together with other information it obtains about the player) to administer his/her hockey activity at the club and in any activities in which he/she participates through the club and to care for and supervise activities in which he/she is involved. All data will be stored securely with access restricted to authorised club officers.

By signing this form I consent to my child travelling to venues for matches and training by transport provided by Gillingham Anchorians Hockey Club and in accordance with Club Child Welfare Policies, which may include travelling in other players'/parents' private cars.

* - Please delete as appropriate.		
Signed	. Parent / Carer	Date

Any parent/carer wishing to become involved with Gillingham Anchorians Hockey Club in any capacity can contact the Club Chairman (Gary Jackson) on 07740 918208 or Nigel M<sup>c</sup>Donald, details above. Any help or volunteers are gratefully received.

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