



# Parental Consent and Junior Membership Form



**Gillingham Anchorians Hockey Club**  
Anchorians Clubhouse, Darland Avenue, Gillingham Kent ME7 3AN  
Tel: 01634 851495 [www.gahc.co.uk](http://www.gahc.co.uk)

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 event of an emergency)

In the event that a representative of the club not being able to make contact using the numbers above, please provide details of a relative or friend that may be contacted instead:

Name..... Relationship to child.....

Emergency contact number.....

**MEDICAL INFORMATION ABOUT MY CHILD:**

Do you consider your child to have a disability? 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 brief details:

.....

Is your child taking medication on a regular basis? YES  NO

If yes please give details.....

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 hockey before? YES  NO

If yes, where? Please tick below.

Primary School

Secondary School

Special Needs School

Club

JDC (District)

JAC (County)

Other (please state)  .....

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.