

**2008/2009 Season Membership Application Form**

The information given on this form will be retained by the Membership Secretary in the strictest of confidence and the information given will only be available to those people who the executive committee deem it appropriate.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Details: - Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (m) \_\_\_\_\_

\*If under 18 years please fill in guardian details

Category	Standard	After 31/10/08	Tick (✓)
Full Playing	£160.00	£185.00	
Junior (Under 23)	Under 23 - £85.00 Under 16 - £85.00	Under 23 - £110.00 Under 16 - £110.00	
Student/Unemployed	£85.00	£110.00	
Away Student	£55.00	£70.00	
Colt	Under 12 - £70.00 12-16 Yrs - £90.00	Under 12 - £85.00 12-16 Yrs - £105.00	
Social Member	£30.00	£35.00	

\* Cheques made payable to Cheam Hockey Club

\*\* Age is as at 1<sup>st</sup> September 2008

Current Shirt number (if applicable): \_\_\_\_\_

**Medical information**

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes, etc.)

Upon application to membership of Cheam Hockey Club. I hereby agree to abide by the code of conduct and constitution of Cheam Hockey Club and will uphold the reputation of the club at all times. I also agree to inform the membership secretary of any changes to my details. I confirm that I agree for my details to be passed on where necessary to officers, captains and coaches within the club:

\_\_\_\_\_  
Members Signature

\_\_\_\_\_  
Date

If the above is under the age of 18 a parent or guardian must also agree to the consent statement as follows:- I am pleased to allow my son/daughter\* to participate in Cheam Hockey Club fixtures, coaching and training sessions. I consider my son/daughter\* to be physically fit and capable of full participation, but in the event that he/she should be injured when I am not present, I give my permission for the team manager or coach appointed to that session, to obtain emergency medical treatment on his/her behalf.

I confirm that I have fully disclosed all medical conditions of my son/daughter and will inform the membership secretary upon any change to these conditions.

\_\_\_\_\_  
Parent/Guardian of above member

\_\_\_\_\_  
Name

Continued Overleaf....

### Sports equity monitoring

Whilst it is not compulsory that this section is completed the following paragraph explains why it is important.

Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have traditionally existed within sport, particularly in relation to gender, race and disability. Sport England is committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of young people in sports clubs, national governing bodies of sport and Sport England can identify any issues relating to under-representation of different groups and can together develop strategies to ensure that all young people have the opportunity in the future to develop and progress in sport.

#### Ethnicity

In order to help the club monitor its membership can you please tick one of the following boxes to identify your ethnic group/origin:

Choose one section from A to E and then tick the appropriate box.

- A White  British  Irish  Any other white background (please specify):
- B Mixed  White & Black Caribbean  White & Black African  White & Asian  Other (please specify):
- C Asian or Asian British  Indian  Pakistani  Bangladeshi  Any other Asian background (please specify):
- D Black or Black British  Caribbean  African  Any other Black background (please specify):

#### Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability?  Yes  No

If yes, what is the nature of your disability?

Visual impairment  Hearing impairment  Physical disability  Learning disability  Multiple disability  Other (please specify):

#### Hockey Qualifications

Please detail below whether you hold any of the following qualifications or certificates:

- Hockey Leadership Award  Level 1 Coach  Level 2 Coach  Level 3 Coach
- Level 1 Umpire  County Circuit Umpire  South Circuit Umpire
- CRB Checked  School Teacher  Qualified First Aider (3 Yrs)
- Child Protection Certificate  Working with Children Certificate

Please return your form together with your subscription to:

Sarah Trinder, 19 Pantile Road, Weybridge, Surrey, KT13 9PY, info@cheamhockeyclub.co.uk