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| **BARFORD TIGERS HOCKEY CLUB**    **ADULT MEMBERSHIP FORM 2021-2022**    **Complete one form per player. Please note there is separate form for Junior**  **Membership which can be found on barfordtigershc.co.uk**  **Player Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)  **Emergency Contact(s)**   |  |  | | --- | --- | | **Name** | **Phone Number** | |  |  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **Member type** | **Subscription fees (Early bird price)** | **Match fees (per match)** | **Payment type**  **(Cash / Cheque / Bank transfer)** | | Adult – Men’s | £150 (£120) | £3 |  | | Adult – Ladies | £75 (£60) | £10 |  | | Student – Men’s (O16) | £75 | £5 |  | | Student – Ladies (O16) | £50 | £5 |  | | BCU Students with sports membership | Free | £5 |  | | Unemployed | £50 | £5 |  | | Social Member | £40 | n/a |  |     Payments can be made by cheque (make payable to Barford Tigers Hock Club please).  **All forms / cheques / cash should be handed to the Club Secretary** | **Date of Birth** \_\_\_\_\_ / \_\_\_\_\_\_/ \_\_\_\_\_\_\_ **Age on 01/09/2022** \_\_\_\_\_\_\_\_ years    **Medical/ dietary conditions of player including any medication taken**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please tick the following boxes to indicate your agreement to the following statements:**    I confirm I have read and understood the Barford Tigers Hockey Club’s Code of Conduct.      I **do** agree to being photographed as part of a team record.  **OR**  I **do** **not** agree to being photographed as part of a team record.    In the event of an emergency where I the parent/ guardian cannot be contacted, **I agree** that a responsible adult be allowed to accompany my child to receive professional medical attention and if appropriate to sign medical consent forms.    **Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    The information provided will be used to keep you informed about Club events and to contact you in the  event of an accident or incident. Some of the information is required to comply with the England Hockey  Equity Policy, which has been adopted by the Club.  **Please note there is separate form for Junior Membership which can be found on barfordtigershc.co.uk** |