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| **BARFORD TIGERS HOCKEY CLUB**    **JUNIOR MEMBERSHIP FORM 2021-2022**    Please print and return to Satpal Degun at Sunday training - 10am-Noon at Hamstead Hall Academy  **Complete one form per player and note this form requires a parent’s signature**  **Player Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)  **Emergency Contact(s)**   |  |  | | --- | --- | | **Name** | **Phone Number** | |  |  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **Member type** | **Subscription fees** | **Match fees (per match)** | **Payment type**  **(Cash / Cheque / Bank transfer)** | | U16s | £ 30 | £ 3 |  |     Payments can be made by cheque (make payable to Barford Tigers Hock Club please).  All forms / cheques / cash should be handed to Satpal Degun at Sunday training - 10am-Noon, Hamstead Hall Academy | **THE FOLLOWING SECTION MUST BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN OF ALL MEMBERS UNDER 18 YEARS OLD**    **Date of Birth** \_\_\_\_\_ / \_\_\_\_\_\_/ \_\_\_\_\_\_\_ **Age on 01/09/2022** \_\_\_\_\_\_\_\_ years  **School** **Name** **School Year** .    **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 Mini and Junior Rules, Code of Conduct for Parents/Carers Policy and Child Protection Policy and consent to my child playing for the Club.      I **do** agree to my child being photographed as part of a team record.  **OR**  I **do** **not** agree to my child 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. |