

JUNIOR MEMBERSHIP 2011/2012 – PARENTAL CONSENT FORM

Childs surname Child's first name
 Date of birth..... Age at 01.09.11
 Parents/Guardians first names and surnames.....
 Address
 Post code
 Telephone Mobile.....
 E-mail Address
 School Previous hockey experience.....
 Membership of other sections at Beckenham Cricket Club
 Were you a member of Bromley or Beckenham HC last season? Yes / No
 (New applicants only) How did you find out about us?

PARENT/GUARDIAN CONSENT

Note 1. All information will be handled in a secure and confidential manner and held in accordance with the Data Protection Act, with details circulated to group coaches/team managers on a need to know basis. The data will only be used for the express purpose of running the activities at the Club, and recipients of the data are reminded that they must maintain the security of information at all times.

Note 2. All reasonable steps will be taken to ensure the safety of the junior members attending the activities organised by the Club. However, sport is not risk-free exercise and junior members and their parents/guardians must be aware that accidents happen and that they must therefore take appropriate steps to ensure their own safety.

- I agree to my son / daughter taking part in the activities of Bromley & Beckenham Hockey Club.
- My child is currently suffering, has recently suffered or developed an injury, allergy, illness or medical condition that may be affected by or affect their participation in hockey. I set out below (or in an attached note), details of any medical conditions, together with details of any treatment, medications currently being taken, or precautions to be taken while in the Club's care. I will ensure that my child has any necessary medication with them at each session.
 Write NONE if there is no relevant medical history
- In the event of any injury or illness all reasonable steps will be taken to contact me (or other emergency contacts). Should the necessity arise, I agree to the person in charge of the activity giving consent on my behalf for urgent medical treatment to be given, including the administering of an anaesthetic on the advice of a medical practitioner.
- If I cannot be contacted, I agree to the following being contacted in the event of an emergency:
 Name 1 Relationship to young person Tel No
 Name 2 Relationship to young person Tel No
- I do / do not agree that photographs/videoing can be taken of my child, and acknowledge that copyright of such photography/video belongs to the photographer and that Bromley & Beckenham Hockey Club may use the photographs in any Club publication/promotion including electronic media such as internet technology.

Continued over

UPON COMPLETION OF THIS FORM, PLEASE RETURN IT TO YOUR CHILD'S SQUAD LEADER
We regret that it will not be possible to participate in training or matches without the
completed form being provided.
THANK YOU

- I consent to my child travelling by any form of public transport, minibus or motor vehicle driven by a member of the Club, and resident coach or official at the Club, and/or any other parent attending, to any match or event in which they are participating as one of the members of a team entered on behalf of the Club.
- I understand that the Club, and the Club members who may be involved in organising or supervising matches, coaching or other sessions, accept no responsibility for loss, damage, or injury caused by or during any such activities, except where the loss, damage or injury results directly from the negligence of the Club or such Club members.
- I will ensure that my child arrives for training and matches with the appropriate protective equipment, gun shield and shin guards, clothing and refreshments including plenty of water.
- I agree to be responsible for the good behaviour of my child and for any non-observance by him/her of the rules of Bromley & Beckenham Hockey Club until he/she reaches the age of 18.

Signature of parent/guardian

Name (please print name) Date

Now please assist us by completing the following optional details:

Ethnic origin of your child: Please choose one category and tick the appropriate box	
<input type="checkbox"/>	White: British, Irish, any other white background
<input type="checkbox"/>	Mixed: White and black Caribbean, White & black African, White & Asian, Any other
<input type="checkbox"/>	Asian or Asian British: Indian, Pakistani, Bangladeshi, any other Asian background
<input type="checkbox"/>	Black or Black British: Caribbean, African, any other black background
<input type="checkbox"/>	Chinese or other ethnic group

Does your child have a disability?		Yes / No		If Yes , please tick one of the following categories:	
<input type="checkbox"/>	Visually impaired	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Physical disability: Ambulant
<input type="checkbox"/>	Hearing impaired	<input type="checkbox"/>	Multiple disability	<input type="checkbox"/>	Physical disability: Wheelchair user

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