



GWENT HOCKEY CLUB

ANNUAL MEMBERSHIP SUBSCRIPTIONS

2009/10

Please complete a separate application form for each membership and forward the completed form(s) with payment/payment details to:

Pal Lottay, Pen-y-parc House, Malthouse Lane, Llantarnam, Cwmbran. NP44 3EE

Note: A player renewing membership must have returned a completed membership form together with relevant payment/payment details before the end of September to ensure continued selection.

I wish to apply for membership of Gwent Hockey Club for the 2009/10 season in the following category:

			<i>Please tick</i>
Senior member	(18 or over as at 31/08/2009)	£80	<input type="checkbox"/>
Student member	(14 - 18 as at 31/08/2009 and in FTE)	£40	<input type="checkbox"/>
Junior member	(Under 14 as at 31/08/2009 - youth hockey)	£40	<input type="checkbox"/>
Unemployed member		£40	<input type="checkbox"/>
Associate member	(Non-playing)	£25	<input type="checkbox"/>

Membership Details

Name

Address

Post Code

Tel: (home)

(work)

(mobile)

Email

Date of birth **DD** **MM** **YYYY** If under 18 please complete page 2.

Are you a registered umpire? **Y/N**

If you are a registered umpire: **Grade** **1,2 or 3** Are you be willing to umpire occasionally? **Y/N**

Method of Payment

Cheque attached	(payable to Gwent Hockey Club)	<i>Please tick</i>
Cash payment	(to be handed to Pal Lottay or Brian Tully in person)	<input type="checkbox"/>
Standing Order form enclosed	(4 payments on 1st of month Sept - Dec)	<input type="checkbox"/>

I agree to abide by the rules and constitution of Gwent Hockey Club. I also agree to be bound by the terms of the Welsh Hockey Union Ltd Anti-Doping Code, Child Protection Regulations and all other WHU regulations and byelaws.

Signed Date **DD / MM / YYYY**



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Name of player _____

Parent/legal guardian consent for doping control

Your son/daughter/ward is being considered for selection to represent Gwent Hockey Club. In order to be able to participate he/she must be prepared to submit himself/herself, if chosen to do so by ballot, to doping control procedures. This involves providing a sample of urine under observation by a Trained Independent Sampling Officer.

Your consent is required for your son/daughter/ward's participation in doping control procedures. Failure to give this consent will mean your son/daughter/ward will not be eligible for selection to represent Gwent Hockey Club.

I hereby consent to my son/daughter/ward participating in doping control procedures, if chosen to do so by ballot.

I confirm that I am a person having parental responsibility for the above named player in accordance with the Children's Act 1989.

Signed _____ Date **DD / MM / YYYY** _____

Parent/legal guardian medical consent

I hereby consent to my son/daughter/ward taking part in all activities and I authorise the Team Officials or any other designated representative of Gwent Hockey Club to act in "loco parentis" in my absence.

I understand that in an emergency, while the designated representatives of Gwent Hockey Club will make every effort to contact me, it may not always be possible and I consent to those acting in "loco parentis" to authorise any medical treatment that a medical practitioner may determine necessary.

I confirm that I will advise Gwent Hockey Club of any medical condition that affects my son/daughter/ward and/or any current medication that has been prescribed to my son/daughter/ward.

Signed _____ Date **DD / MM / YYYY** _____

Parent/legal guardian photography/video consent

I give/do not give (delete as appropriate) my consent for photographs and/or video footage of my son/daughter/ward to be used for the promotion of Gwent Hockey Club and for match/performance analysis in accordance with Section 3 of the Welsh Hockey Union Child Protection Policy.

Signed _____ Date **DD / MM / YYYY** _____

Parent/legal guardian contact details

Name _____

Address _____

Post Code _____

Tel no. (h) _____ Tel no. (w) _____ Tel no. (m) _____