

LICHFIELD HOCKEY CLUB MEMBERSHIP FORM

All prospective members of Lichfield Hockey Club are required to complete this membership form. All details will be kept secure and information will be made available to authorized club officers only. This form, once the data is recorded will be safely destroyed.

SECTION 1: CONTACT INFORMATION

TITLE	Mr Mrs Miss Ms <i>(Please circle)</i>		
FULL NAME			
DATE OF BIRTH		CONTACT PHONE	
E-MAIL			

SECTION 2: UNDER 18 MEMBER CONSENT

It is a requirement of Lichfield HC that parental consent is provided for participation, transportation and photography. The Club's members' Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy are available for inspection and on the club website at www.lichfieldhockeyclub.co.uk

TRANSPORTATION: I consent to my son/daughter travelling to venues for matches and training by transport provided by the club which may include travelling in other players' private cars.

PHOTOGRAPHY: In some environments it is impossible to control photography by external parties, however I am aware that that there may be times that photographs and/or footage may be taken during matches and training sessions by approved agents and/or officers of Lichfield HC. Such images shall be used only for training/publicity purpose in accordance with Safeguarding and Protecting Young People in Hockey Policy and give consent for my son/daughter to feature in such images. I only grant approved agents the right to use the images from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes i.e. local newspapers, magazines, other promotional material and the club's website.

<i>To be completed by Parent or Guardian if under 18</i>			
Declaration: I consider myself/my son/my daughter to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event of an injury/accident I give permission for the team managers/coaches appointed by Lichfield HC to obtain medical treatment on my behalf/ for my son/ my daughter.			
SIGNED		DATE	RELATIONSHIP

SECTION 3: MEMBERSHIP TYPE – please tick appropriate box

Adult	Standard (Paying £8 match fee per game)	£165	<input type="checkbox"/>
	GK providing/maintaining own kit (Paying £8 match fee per game)	£0	<input type="checkbox"/>

Goalkeepers who use club kit must pay a full annual subscription

Junior/ Student/ Unemployed	Standard (Paying £5 match fee per game)	£95	<input type="checkbox"/>
	Goalkeeper providing/maintaining own kit (Paying match fee)	£0	<input type="checkbox"/>
Sunday Junior	Attending Sunday sessions and minor age matches	£20	<input type="checkbox"/>

SECTION 6: PAYMENT

- (Preferred) Through the [Floc app](#) I have paid the sum of £.....
- Bank Transfer – Lichfield Hockey Club HSBC 402818 A/C 01757822

SIGNED:		DATE:	