



NEWMARKET HOCKEY CLUB

SENIOR MEMBERSHIP FORM (OVER 13 YRS)

2018/19 SEASON



Please complete in BLOCK CAPITALS

Please return this form to **Mel Podd** or email to membership@newmarkethockeyclub.com

The reason we need your personal Data is to be able to administer your membership, and provide the membership services you are signing up to when you register with the club. Our lawful basis for processing your personal data is that we have a contractual obligation to you as a member to provide the services you are registering for. Please see our full Privacy Notice

PERSONAL INFORMATION	ETHNICITY (Required for England Hockey)
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Title (please circle)	Dr / Mr / Mrs / Ms / Miss /	Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other <input type="checkbox"/> Mixed - White & Black Caribbean <input type="checkbox"/> Mixed - White & Black African <input type="checkbox"/> Mixed - White & Asian <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British - Other <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Other <input type="checkbox"/> Chinese <input type="checkbox"/> Other Ethnic Group
Surname			
First names			
Address line 1			
Address line 2			
Town / City			
County			
Post code			
Date of birth/...../.....		
Mobile Phone			
Email address			
Occupation			
School/College/ Company			

SUBSCRIPTIONS - payable by 30th September	Existing Player: <input type="checkbox"/> Shirt N ^o :	New Player: <input type="checkbox"/>				
	Seniors 18 yrs + Students in full time education (valid student card must be provided)	£100	<input type="checkbox"/>	Kit: new players only	<input type="checkbox"/>	TOTAL
		£75.00	<input type="checkbox"/>	£40.00	<input type="checkbox"/>	£ <input style="width: 40px;" type="text"/>
	Juniors (13 - U18 yrs)	£55.00	<input type="checkbox"/>	Please complete the kit order form on our website		

Cheques payable to 'Newmarket Hockey Club'

MEDICAL CONDITIONS	DISABILITY	QUALIFICATIONS / COURSES	PREVIOUS HOCKEY PLAYING LEVEL
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart condition <input type="checkbox"/> Other (please state) <input type="checkbox"/> ALLERGIES: please list:	<input type="checkbox"/> Deaf <input type="checkbox"/> Visually impaired <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Physical disability <input type="checkbox"/> Learning disability <input type="checkbox"/> Multiple disability Details/Other (please state)	<input type="checkbox"/> Coaching : Level 1 <input type="checkbox"/> Coaching : Level 2 <input type="checkbox"/> Coaching assistant, unqualified <input type="checkbox"/> Umpiring : Level 1 <input type="checkbox"/> Umpiring : Level 2 <input type="checkbox"/> EH approved child protection course <input type="checkbox"/> EH approved equity/ethics course <input type="checkbox"/> EH approved disability course	<input type="checkbox"/> JDC <input type="checkbox"/> JAC <input type="checkbox"/> JRPC <input type="checkbox"/> HiPac <input type="checkbox"/> Uni <input type="checkbox"/> Other NB: Gumguards & Shinpads are compulsory for U18s, to be worn at all times

EMERGENCY CONTACT DETAILS

Contact name _____ Relationship _____
 Contact number _____ Contact number 2 _____

CLUB COMMUNICATION

The club will be using an online team management service to communicate details of games, training and any social events throughout the season. In order to do this we need to upload your contact details (email & mobile) on to their website. Your details will only be used by NHC and can only be viewed by those with granted access i.e. membership officer, and captains.

You will be invited to join our mailing list. You can opt out at any time. Please tick to give your consent ✓ I give my consent

INSURANCE

The club has public liability insurance which covers the club and its members from claims by third parties. It does not cover personal injury sustained by club members. The club therefore advises that the members take out their own personal injury insurance cover.

PHOTOGRAPHY/FILM FOOTAGE CONSENT

The club may wish to use images resulting from photography at either games, training or social events. By signing the membership form below, I give my consent for images to be used for general publicity purposes. ✓ I give my consent

<p>MEMBER SIGNATURE</p> <p>Name _____</p> <p>Signature _____</p> <p>Date _____</p> <p style="text-align: center; font-size: small;">Parental/Guardian consent required for under 18's</p>	<p style="text-align: center;">CLUB USE ONLY</p> <p>Date entered : _____ By : _____</p> <p>Paid <input type="checkbox"/> Banked in _____</p> <p>Cash <input type="checkbox"/> CHQ <input type="checkbox"/> N^o</p>
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Privacy Notice: Newmarket Hockey Club (NHC) are committed to protecting and respecting your privacy. For any personal data you provide for the purposes of your membership, NHC is the Data Controller and is responsible for storing and otherwise processing that data in a fair, lawful, secure and transparent way. Please see our full privacy notice at: www.newmarkethockeyclub.co.uk/membership/privacynotice