



NEWMARKET HOCKEY CLUB

JUNIOR MEMBERSHIP FORM U13

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)	
Surname			<input type="checkbox"/> White British	
First names			<input type="checkbox"/> White Irish	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> White Other	
Address line 1			<input type="checkbox"/> Mixed - White & Black Caribbean	
Address line 2			<input type="checkbox"/> Mixed - White & Black African	
Town / City			<input type="checkbox"/> Mixed - White & Asian	
County			<input type="checkbox"/> Asian or Asian British - Indian	
Post code			<input type="checkbox"/> Asian or Asian British - Pakistani	
Date of birth/...../.....		<input type="checkbox"/> Asian or Asian British - Bangladeshi	
Current Age			<input type="checkbox"/> Asian or Asian British - Other	
School attending			<input type="checkbox"/> Black or Black British - Caribbean	
School Year			<input type="checkbox"/> Black or Black British - African	
SUBSCRIPTIONS	Cheques payable to 'Newmarket Hockey Club'		<input type="checkbox"/> Black or Black British - Other	
Payable by 30th	Please mark with child's name on the back		<input type="checkbox"/> Chinese	
September	Junior subs includes Playing Shirt & Socks	£60 <input type="checkbox"/>	<input type="checkbox"/> Other Ethnic Group	
Shinpads & Gumguards are compulsory for all sessions			Junior Hoodie <input type="checkbox"/>	£20 <input type="checkbox"/>
			Total Payment _____	
Playing Shirt	SOCK SIZES	HOODIES - additional £20	MEDICAL CONDITIONS	DISABILITY
<input type="checkbox"/> 4XS 26/28	<input type="checkbox"/> Mini UK 11-1	<input type="checkbox"/> Small 5/6 yrs	<input type="checkbox"/> Asthma	<input type="checkbox"/> Deaf
<input type="checkbox"/> 3XS 28/30	<input type="checkbox"/> Junior UK 2-6	<input type="checkbox"/> Medium 7/8 yrs	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Visually impaired
<input type="checkbox"/> 2XS 30/32	<input type="checkbox"/> Senior UK 7-12	<input type="checkbox"/> Large 9/11 yrs	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hearing impaired
<input type="checkbox"/> XS 32/34		<input type="checkbox"/> X-Large - 12/13 yrs	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Small 36/38		<input type="checkbox"/> Small Adults	<input type="checkbox"/> Other (please state)	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Medium 38/40	Name for Hoodie: _____			<input type="checkbox"/> Multiple disability
<input type="checkbox"/> ALLERGIES - Please list: _____				
PARENT CONTACT DETAILS		EMERGENCY CONTACT NUMBER: _____		
Contact Name _____ Relationship _____				
Contact Number (Please provide an additional Number to the one above) _____				
Parent Email Address: _____				
CLUB COMMUNICATION				
The club will be using EMAIL as the main tool to communicate details of Junior training and other events throughout the season. In order to do this we need to upload your contact details. Your details will only be used by NHC and can only be viewed by those with granted access i.e. Membership Officer and Coaches. ✓ I give my consent <input type="checkbox"/>				
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 <input type="checkbox"/>				
SIGNATURE Parental/Guardian consent under 18's		Parent drop off info:		CLUB USE ONLY
Name _____	Signature _____	Drop & Leave: <input type="checkbox"/>	Drop & Stay: <input type="checkbox"/>	Date entered: _____ By: _____
Date _____		Available to help: <input type="checkbox"/>		Paid <input type="checkbox"/> Banked in _____
				Cash <input type="checkbox"/> CHQ <input type="checkbox"/> N ^o _____
<p style="font-size: small;">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</p>				