



NEWMARKET HOCKEY CLUB

JUNIOR MEMBERSHIP FORM U6



2019/20 SEASON

Please complete in BLOCK CAPITALS

Please return this form to **Vicky Benedikz** or email vickybenedikz@hotmail.co.uk

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		
First names		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address line 1		
Address line 2		
Town / City		
County		
Post code		
Date of birth/...../.....	
Current Age		
School attending		
School Year		
SUBSCRIPTIONS	Cheques payable to 'Newmarket Hockey Club'	
Membership Fees	Please mark with child's name on the back	
Payable Immediately	Intake: Sept - Dec £20 <input type="checkbox"/> Jan to March £20 <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	

Shinpads & Gumguards are compulsory for all sessions

ALLERGIES - Please list: _____ Other (please state)

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

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

SIGNATURE Parental/Guardian consent under 18's	Parents are required to stay	CLUB USE ONLY
Name _____	For children in this age group, parents are required to stay to help support and supervise your child in the development of this new group.	Date entered: _____ By : _____
Signature _____		Paid <input type="checkbox"/> Banked in _____
Date _____		Cash <input type="checkbox"/> CHQ <input type="checkbox"/> N ^o _____

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