

# NORWICH CITY HOCKEY CLUB

## MINI MEMBERSHIP FORM 201\_/201\_

CHILD SURNAME:	FORENAME:	MALE / FEMALE?	YEARS PLAYING HOCKEY?
ADDRESS:			
-----		POST CODE	
SCHOOL	PLACE OF BIRTH	DATE OF BIRTH	
HOME TEL NO	PARENT'S EMAIL		

MOTHER'S NAME	MOBILE TEL
OCCUPATION	EMAIL
FATHER'S NAME	MOBILE TEL
OCCUPATION	EMAIL
OTHER EMERGENCY CONTACT NAME	TEL NO

DOCTOR'S NAME	TEL NO
SURGERY ADDRESS	
Please detail below any medical conditions, allergies or medication used, etc.	

<b>In the event of an emergency, I give authority for medical treatment to be administered to my child</b> (please circle)	<b>YES/NO</b>
* I give permission for Club coaches/volunteers to transport my child to or from matches	<b>YES/NO</b>
* I give permission for photographs of my child engaged in hockey activities to be used in club, county and national hockey publications, displays, websites or in the press - solely to promote a positive image of young people playing hockey.	<b>YES/NO</b>

<b>DISABILITY OF CLUB MEMBER</b> (required by NCHC, England Hockey & Sport England) <b>Please circle one option or leave blank if N/A</b>
Deaf, Visually Impaired, Hearing Impaired, Physical disability, Learning disability, Multiple disability

<b>ETHNICITY OF CLUB MEMBER</b> (required by NCHC, England Hockey & Sport England)		<b>Please circle one option in each column and give details for "Other"</b>
White	British, Irish, Other	
Mixed	White & Black Caribbean, White & Black African, White & Asian, Other	
Asian or Asian British	Indian, Pakistani, Bangladeshi, Other	
Black or Black British	Caribbean, African, Other	
Other	Chinese, Other	

OPTIONAL INFORMATION CONCERNING THE PARENTS / GUARDIANS OF THE CLUB MEMBER	Mother	Father
Do you have up-to-date First Aid qualifications? <i>(if yes, please put details on back of form)</i>	YES/NO	YES/NO
Would you be prepared to volunteer to help the club on Sundays and at tournaments?	YES/NO	YES/NO
Would you be interested in helping to run the administration of the Club?	YES/NO	YES/NO
Have you played hockey in the past? At what level (please circle): School / Club / County / Region / Higher?	YES/NO	YES/NO
Do you have any coaching or umpiring qualifications? <i>(if yes, please put details on back of form)</i>	YES/NO	YES/NO

Signed \_\_\_\_\_ (Parent or Guardian)

Date \_\_\_\_\_.

**Please sign & return this completed form to Sarah Anthony, 47 Hargham Road, Attleborough, Norfolk NR17 2HG**

Coaching cheques (according to fees as shown on the web site) should be made payable to "Norwich City Hockey Club".