



# MEMBERSHIP FORM



## HOLCOMBE HOCKEY CLUB

To ensure that we have the correct contact details for you, please insert the information requested below and return this form to your captain. We will also use this information to ensure that you are kept informed about club events.

### PERSONAL DETAILS

Name: .....

Address: .....

..... Postcode: .....

Home telephone number: .....

Mobile: ..... email: .....

Date of birth: ..... Gender: .....Male  Female

Current shirt number: .....

### MEDICAL INFORMATION

Medical details: Please list all relevant Medical Details:

Emergency contact information: Please list in priority order who should be contacted:		
Name(s)	Relationship to player	Telephone number(s)

I consent that in the event of any illness/accident, any necessary treatment can be administered on the advice of a medical practitioner. I also understand while sports coaches and Holcombe Hockey Club personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered.  
I set out below, or in an attached note, details of any medical conditions from which I am suffering, together with details of any treatment and medications currently being taken.

Other relevant information:

Signed: ..... Date: .....

Name (in block capitals please): .....