



MEMBERSHIP FORM 16-17

HOLCOMBE HOCKEY CLUB



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

PERSONAL DETAILS

Name:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:			Postcode:
Contact telephone:		Date of birth:	/ /
Email:			
Ethnicity:			
Twitter address:		Facebook address:	
Preferred method of communication:	Telephone / Text / Email (please circle)		

HOCKEY INFORMATION

Last season's team:		Club number:	
Interested in Winter League:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Interested in Summer League:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you aware of HHC's... Website?	Y <input type="checkbox"/> N <input type="checkbox"/>	Facebook?	Y <input type="checkbox"/> N <input type="checkbox"/>
		Twitter?	Y <input type="checkbox"/> N <input type="checkbox"/>

MEDICAL INFORMATION

Medical details: Please list all relevant Medical Details:						
Emergency contact information: Please list in priority order who should be contacted:						
<table border="1"> <tr> <td>Name(s)</td> <td>Relationship to player</td> <td>Telephone number(s)</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Name(s)	Relationship to player	Telephone number(s)			
Name(s)	Relationship to player	Telephone number(s)				
<p>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.</p> <p>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.</p>						
Other relevant information:						

Signed:		Date:	/ /
Name (in block capitals please):			