



Personal details			
First name(s)	*		
Surname	*		
Date of birth	* DD/ MM/YYYY		
Address	*		
Town / City		Postcode	*
Phone contact 1	*	Phone contact 2	
Email address	*		
Next of kin			
Name	*	Relationship	*
Phone contact	*	Email address	
Membership costs			
<i>EARLY BIRD DISCOUNT</i> - £10 reduction applied if paid in full / 3 monthly standing order set up by 16th Sept 2017 - £5 reduction applied paid in full / 3 monthly standing order set up by 30th Sept 2017			
Family / Joint (see note 1 below)	£150.00		
Individual adult	£110.00		
Student / Over 60 / Unemployed (see note 2 below)	£70.00		
Under 16	£60.00 for season		
	£35.00 per term		
	£3.50 per week		
Social – non playing	£60.00		
<i>Note 1: Members of the same family living in the same house or living with another parent or guardian</i>			
<i>Note 2: Full-time education with more than 16 hrs study per week or on an official apprenticeship scheme which includes study</i>			
Payment – tick one option only			
Cash or Cheque – Payment must accompany the submission of this form.			
One off bank transfer Bank Transfers are sent securely from your bank to ours, and should there be any issues while sending, the money will simply bounce back to your own account and your bank should inform you of this. Also, when we receive the money, should there be any issues with the name on the account, or the amount that has been sent we will get in contact with you via email. Most banks will not charge you a fee for a local bank transfer to Poole Hockey Club, however it is worth checking with your bank if you are concerned that they may apply a fee to this transfer. <i>To pay by bank transfer, please ask a member of the exec for the new bank account details.</i> <i>Reference: Full member name</i> <i>Amount: As above</i>			
Pay by monthly instalments (over a maximum of 6 months) Payments by standing order, missed payments will result in suspension from PHC until the debt is cleared (using the details above)	Over how many months will the payment be made?	How much will be paid each month?	

Please turn over...



Medical information and consent

In case of emergency and as part of the organisation's responsibility to membership, all members are required to complete this medical information section as accurately as possible. Details will be held securely, with access restricted to authorised officers only.

Do you have any registered medical conditions (e.g. epilepsy, diabetes etc.) or take any prescribed medicines/drugs? If 'Yes', please provide details here: *	Yes	No
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Please give full details and the name and contact telephone number of your doctor: *

Please give full details of any allergies you have: *

Signed *	Dated *
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Under 18 member consent (to be completed by parent/guardian)

It is a requirement of club policy that parental consent is provided for participation, transportation and photography. The PHC Safeguarding and Protecting Young People in Hockey Policy is available on www.poolehockeyclub.co.uk.

Transportation: I consent to my son/daughter travelling to/from venues for matches and training by transport provided by the Club, which may include travelling in other players' private cars or those of others associated with the Club, including other parents.

Photography: In some environments, particularly adult competition, it is impossible to control photography by external parties. I am aware that there may be times that photographs and/or footage may be taken during matches and training sessions by approved agents and/or officers of the club. Such images shall only be used for publicity/training purposes in accordance with the club Safeguarding and Protecting Young People in Hockey Policy and Photography Policy and I give consent for my son/daughter to feature in such photos/ images. I hereby only grant approved agents the right to use the images resulting from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes e.g. local newspapers, local magazines, other promotional articles (including flyers) and the club website.

Parent / Guardian name (print) *	Email *
Parent / Guardian signature *	Date *

Please complete and return this form to Adrian Potter / Ruth Wharton / Thalia Galloway at your earliest convenience.

Official use only

Reference Number

Money paid into PHC bank account (TH to date)