



Frome Ladies Hockey Club – Membership Form

All prospective members of Frome Ladies Hockey Club are required to complete this registration form and return it with payment by 31st October 2009. All details will be kept in a secure database with access restricted to authorised club officers and utilised to keep you informed about club events.

MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	Please tick	If you have genuine problems with paying please contact a member of the committee – each instance will be considered on a case by case basis and kept confidential.
SENIOR	£50.00		
YOUTH/STUDENT/ UNEMPLOYED	£30.00		

PERSONAL INFORMATION

To be completed by all members

TITLE		FULL NAME	
ADDRESS 1		DATE OF BIRTH	
ADDRESS 2		HOME PHONE	
ADDRESS 3		MOBILE PHONE	
POST CODE		EMAIL	

FLHC uses email as its primary method of communication. Please provide a current email address so that we can keep in regular contact with you.

Information in this section is optional and will be used for club development purposes only

Have you played hockey before? (please state where and how long)	
What is your preferred playing position? (please state)	
How did you hear about FLHC? (please state)	
JUNIORS/STUDENTS – what school, college or university do you attend?	
NON STUDENTS – what is your occupation?	
Are you a qualified first aider – if so, please specify qualification and date achieved?	
Are you a qualified hockey coach – if so please specify qualification and date achieved?	
Are you a member of facebook? (please state)	
Would you be interested in learning to coach or umpire? (please state)	
Would you be interested in being part of the committee? (please state)	
What skills do you have that could help develop the club? (webdesign, accounting, printing, planning etc)	

Are you happy for photographs and details to be used by local media and in club communications? (please state)

MEDICAL INFORMATION

In case of emergency and as part of the clubs responsibility to its membership, ALL club members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised club officers only.

NEXT OF KIN		RELATIONSHIP		MOBILE/PHONE	
DOCTORS NAME		SURGERY		PHONE	
As far as you are aware, are you allergic to any drugs? (please state)					
Are you taking any regular medication? If so, for what reason?					
Do you have any long term illnesses or injuries? (please state)					

EQUALITY AND DISABILITY INFORMATION

Whilst it is not compulsory for the following sections to be completed, the paragraph below explains why we consider the information to be important to monitor club membership. Please tick the box/s that best describes you.

Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have existed within sport particularly in relation to gender, race and disability. Sport England and England Hockey are committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of people in sports clubs, national governing bodies of sport and Sport England can identify any issues relating to under representation of different groups and can develop strategies to ensure that all people have the opportunity in the future to develop and progress in sport. England Hockey requests this data from clubs as part of the annual affiliation process and completing this data accurately enables the club to give an accurate picture to England Hockey on our membership.

Asian or Asian Black	Indian		Pakistani		Bangladeshi		Kashmiri	
Chinese	Chinese							
Black or Black British	Caribbean		African		Other			
Mixed	White & Black Caribbean			White & Black African			White & Asian	
White	British		Irish		White Other			
Other Ethnic Group (please state)								

Deaf		Physical Disability		Visually Impaired	
Learning Disability		Hearing impaired		Multiple Disability	
Other (please state)					

By returning this completed form, I have read and agreed to abide by the rules as outlined in FLHC welcome booklet.

SignedDated

For those members under the age of 18:
I have read and understood our child protection policy which is available through FLHC website.

Signature of Parent/GuardianDated

Name of Parent/Guardian