MILTON KEYNES HOCKEY CLUB MEMBERSHIP FORM

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| Club Name | MILTON KEYNES HOCKEY CLUB |
| Membership Secretary contact details | secretary@mkhockey.co.uk |
| Website address | [www.mkhockey.co.uk](http://www.mkhockey.co.uk) |

All prospective members of Milton Keynes Hockey Club must complete this registration form and return it with payment. All details will be kept in a secure database with access restricted to authorised officers only.

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| SECTION ONE - Member Contact Details |
| Title (Miss/Mr/Mrs) | First Name(s) | Surname |
|       |       |       |
| Date of birth | Occupation/ School/College | Employers Name |
|       |       |       |
| Home address |
|      **POSTCODE**:       |
| Daytime phone number | Evening phone number | Mobile number |
|       |       |       |
| Email Address |
|       |
| New member (Y/N) | If yes – how did you hear about us e.g. website, existing member(name), school, summer camp etc |
| Yes No  |       |
| Umpire level or interested in course | Coaching level or interested in course | County Side if playing |
|       |       |       |
| What skills do you have that could help develop the Milton Keynes Hockey Club? (e.g. web design, accounting, printing) |
|       |
| Would you be interested in being a committee member? (Please state) |
|       |

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| SECTION TWO – Membership Payment |
| Membership Type | Fee | Conditions | Selection |
| Adult | £160 |  | **[ ]**  |
| New Player Adult  | £130 | Must not have played for the club in the past 3 years | **[ ]**  |
| Occasional Adult | £100 | May play a maximum of 8 games per season | **[ ]**  |
| Full-Time Student (17+) | £80 | Must be in full time education | **[ ]**  |
| Junior (11 - 16) | £50\* | \*voluntary donation | **[ ]**  |
| Mini (5 - 10) | £35\* | \*voluntary donation | **[ ]**  |
| Late Payment Fee | £20 | Payable after 31 October  | **[ ]**  |
| \*Voluntary Donation | £20 | \*\*£20 suggested per Mini / Junior | **[ ]**  |
| TOTAL |  £      |

Membership: Deadline for payment is 31 October after which a £20 late payment fee will be added and member will be subject to non-selection.

Non-members will **not** be allowed to play club matches or attend training without prior arrangement with the Directors of Hockey and Club Chairman**.** If you have problems paying your subscription or match fees, please contact your Captain to discuss alternative payment options.

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| **SECTION THREE – Payment**  |
| **Club Name** | Milton Keynes Hockey Club |
| **Bank** | Lloyds |
| **Account Number** | 49450760 |
| **Sort Code** | 30‐15‐53 |
| **Reference Example** | e.g Name and Team |
|   |
| **Your Reference** | Name:       Team:       |
| **Payment Value** | £      |
| **Payment Date** |        |
| **Payment Made** | **Yes [ ]  No** **[ ]**  |

**PLEASE RETURN THIS FORM, ONCE PAYMENT HAS BEEN MADE, TO YOUR CAPTAIN BY 31 OCTOBER.**

\*\*As a CASC status club we can claim gift aid on donations. Therefore we have restructured junior and mini subscriptions so the mandatory fee is lower, but request a voluntary donation of £20 per child to top up the fee to cover running costs. This voluntary donation option is being introduced on a trial basis and may be removed in future seasons and mandatory fees raised if proved unsuccessful. This voluntary donation has replaced the family discount option.

The donation is not mandatory and non-payment will not result in any form of exclusion or discrimination for your child.

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| **SECTION FOUR - Emergency Contact Details** |

In case of emergency and as part of the Milton Keynes Hockey Club’s responsibility to its membership, **all members** are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised officers only.

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| --- | --- | --- |
| Name of Emergency Contact | Relationship | Mobile phone |
|       |       |       |
| Doctor’s name | Surgery | Doctor’s phone number |
|       |       |       |
| As far as you are aware, are you allergic to any medication? (Please state) |       |
| Are you taking any regular medication? If so, for what reason? |       |
| Do you have any long term illnesses or injuries or medical condition? |       |
| When was the last time you were vaccinated against Tetanus? |       |
| Are there any other conditions your coaches and team managers should be aware of? |       |

**SECTION FIVE - Declarations (to be signed by parent/guardian if member is under 18)**

**It is a requirement of Milton Keynes Hockey Club policy that parental/legal guardian consent is provided for participation, transportation and photography purposes. The Milton Keynes Hockey Club Members’ Code of Conduct and Safeguarding and Protecting Young People Policy are available on the website.**

**Medical:** I consider [myself/my son/daughter] to be physically fit and capable of full participation and agree to notify the Milton Keynes Hockey Club of any changes to the medical information provided. Furthermore, in the event of an injury, I give my permission (for myself/my son/daughter)\* for the team managers/coaches appointed by Milton Keynes Hockey Club to obtain emergency medical treatment.

**Transportation:** I confirm that when transporting any member of the club, to and from any Milton Keynes Hockey Club related activity, the vehicle I am driving fully complies with regulations, with regards to the MOT and Insurance, as required by the authorities in this country.

I consent to my son/daughter travelling to venues for matches and training which may include travelling in other players’ private cars. I confirm that such arrangements will deemed to be private arrangements and I will indemnify the club, its committee and its members from any incidents relating to such transportation arrangements.

Photography: In some environments, particularly adult competition it is impossible to control photography by external parties. However, 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 Milton Keynes Hockey Club. Such images shall only be used for publicity/training purposes in accordance with the Milton Keynes Hockey Club Safeguarding and Protecting Young People Policy and Photography Policy and I give consent for my son/ daughter to feature in such photos/images. Also 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’s website

**Data Protection Act 1998**

Your details including email address and mobile number may be used to keep you informed of match organisation information, future club products, services and events. All data is held & processed in accordance with the requirements of the Data Protection Act 1998. As it is important to be able to keep in contact with you, if you **do not** wish to receive such information please send your request in writing with your reasons to directorofcommunications@mkhockey.co.uk and your request will be considered by the Committee.

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| SECTION SIX - Ethnicity and disability |

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

Ethnicity of club members

Please tick the box that best describes your ethnicity

|  |  |  |  |
| --- | --- | --- | --- |
|  | TICK  |  | TICK |
| White British | **[ ]**  | Asian or Asian British – Pakistani | **[ ]**  |
| White Irish | **[ ]**  | Asian or Asian British – Bangladeshi | **[ ]**  |
| White Other | **[ ]**  | Asian or Asian British – Other | **[ ]**  |
| Mixed – White and Black Caribbean | **[ ]**  | Black or Black British – Caribbean | **[ ]**  |
| Mixed – White and Black African | **[ ]**  | Black or Black British – African | **[ ]**  |
| Mixed – White and Asian | **[ ]**  | Black or Black British – Other | **[ ]**  |
| Mixed – Other | **[ ]**  | Chinese | **[ ]**  |
| Asian or Asian British - Indian | **[ ]**  | Other Ethnic Group | **[ ]**  |

**Disability of club members**

Please tick the box that best describes your disability

|  |  |  |  |
| --- | --- | --- | --- |
|  | TICK |  | TICK |
| Deaf | **[ ]**  | Physical disability | **[ ]**  |
| Visually Impaired | **[ ]**  | Learning disability | **[ ]**  |
| Hearing Impaired | **[ ]**  | Multiple disability | **[ ]**  |

Please add any additional relevant information:

I confirm I have read the relevant **Code of Conduct** and agree to these: **[ ]**

*Code of Conduct can be request from Captains or on Milton Keynes Hockey Club Website (*[*www.mkhockey.co.uk*](http://www.mkhockey.co.uk)*)*

I confirm the above information is accurate and have read the above information relating to membership of Milton Keynes Hockey Club: **[ ]**

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| **SECTION SEVEN - Confirmation** |
| Full Name | Signature | Date |
|       |  |       |
| If under 18 – Parent/ Guardian Name | Parent/ Guardian Signature | Date |
|       |  |       |