



# Carlow Hockey Club Player Registration Form 2018/2019



Full Name(block Letters ONLY)

**Player 1** \_\_\_\_\_ €120.Age. DOB \_\_\_\_\_

Player 2 \_\_\_\_\_ €80.Age. DOB \_\_\_\_\_

Player 3 \_\_\_\_\_ €50.Age. DOB \_\_\_\_\_

**Home address** \_\_\_\_\_

**Parent/Guardian 1** \_\_\_\_\_ .Parent/Guardian 2 \_\_\_\_\_

**Mobile (1)** \_\_\_\_\_ .Mobile (2) \_\_\_\_\_

**Email (1)** \_\_\_\_\_ .Email (2) \_\_\_\_\_

Please name at least one other adult who may be contacted in case of emergency if parents/guardian are not available

**Name** \_\_\_\_\_ . **Tel** \_\_\_\_\_

**Collected after hockey** YES / NO details: \_\_\_\_\_

**Medical history** YES / NO : details (any known allergies, asthma, conditions, medications, etc) \_\_\_\_\_

**Doctor's details:** \_\_\_\_\_ **Tel** \_\_\_\_\_

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or suitable qualified practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

**GDPR:** Carlow Hockey Club requires up to date information for each member (which will be deleted/destroyed after 2 years from the end of the last active season unless required for an ongoing claim/transfer).

**Consent :** I am the parents/guardian of the player(s) stated above and I understand that photographs may be taken during or at sport related events and may be used in the promotion of the sport and the promotion of Carlow Hockey Club. This process will strictly adhere to the guidelines contained in the Irish Sport Council's Code of Ethics and Good Practice for children's Sport. **Please mark X in the box below if you agree to photo/ video's being taken as stated above**

I hereby consent to the above player(s) participating in activities with Carlow Hockey Club in line with the Code of Ethics for Young children and in line with the codes of conduct of Carlow Hockey Club (player, parents, coaches).

I do release Carlow Hockey Club, its coaches and volunteers from all and any liability, no matter how arising in connection with his/her attendance ,play and transportation related there to.

I will inform the Club Secretary of any changes to the information above. I confirm that all details are correct and I am able to give consent for my child to participate in and travel to Carlow Hockey Club activities.

Signature of Parent or Guardian : \_\_\_\_\_ . Date \_\_\_\_\_

**Would you as a parent/guardian be willing to help out with the running of Carlow Hockey Club in any way? if yes give details**

**Coaching**  **Team management**  **Social**  **Supervising**  **Other**

Club Secretary use ONLY

Membership subscription paid Yes / No \_\_\_\_\_ Date : \_\_\_\_\_ . Received by : \_\_\_\_\_

Player 1 €120    Player 2 €80    Player 3 €50    Family Membership €300

Under 8     Under 10     Under 12     1<sup>st</sup> Yr     2<sup>nd</sup> Yr     3<sup>rd</sup> Yr     4<sup>th</sup>/5<sup>th</sup> Yr