

Carlow Hockey Club Senior Player Registration Form 2018/2019

Full Name(block Letters ONLY)

Player _____ . Age _____ . DOB _____ .

Home address _____ .

Tel (home) _____ .

Email _____

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

Doctor's details: _____ **Tel** _____ .

In the event of illness I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or suitable qualified practitioners, I authorize a qualified medical practitioner to provide emergency treatment or medication to me.

I hereby consent to participating in activities with Carlow Hockey Club in line with the IHA Code of Ethics **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 my attendance, play and transportation related there to

I confirm that all details are correct and I will inform the Club Secretary of any changes to the information above.

In keeping with the new General Data Protection Regulation Carlow Hockey Club requires registration information which is destroyed once a member leaves the club after a 2 year period unless it is required for ongoing issues ie claims/transfers.

Signature of Player : _____ . Date _____ .

Club Secretary use ONLY

Membership subscription paid Yes / No _____ Date : _____ Received by : _____ .

Employed €170 2nd & 3rd level Student €120

