



WIGAN HOCKEY CLUB – MEMBER INFORMATION FORM



All prospective members of Wigan HC are required to complete this registration form. All details will be kept in a secure database with access restricted to authorised Wigan HC & authorised club officers and coaches and used to support the administration, communication and development of Wigan HC.

SECTION 1: MEMBER DETAILS

NAME			
ADDRESS		GENDER	
POST CODE		DATE OF BIRTH	
HOME PHONE		MOBILE PHONE	
MAIN E-MAIL			

SECTION 2: ETHNICITY & DISABILITY

Whilst it is not compulsory to complete this section, England Hockey request this data from clubs as part of the annual affiliation process. Completing this data accurately enables the club to give an accurate picture to England Hockey on our membership, this can support their work to develop the sport. **PLEASE TICK THE BOX THAT BEST DESCRIBES YOUR ETHNICITY**

ETHNICITY OF MEMBER	TICK BOX	TICK BOX	TICK BOX	TICK BOX
White British		Mixed – Other		Black or Black British – African
White Irish		Asian or Asian British - Indian		Black or Black British – Other
White Other		Asian or Asian British - Pakistani		Chinese
Mixed – White and Black Caribbean		Asian or Asian British - Bangladeshi		Other Ethnic Group (Please State)
Mixed – White and Black African		Asian or Asian British – Other		
Mixed – White and Asian		Black or Black British – Caribbean		

PLEASE TICK TO INDICATE ANY DISABILITIES

DISABILITY	TICK BOX	TICK BOX	TICK BOX
Deaf		Physical disability	
Visually impaired		Learning disability	
Hearing impaired		Multiple disability	

SECTION 4: MEMBER INFORMATION

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

To be completed by member
Members are encouraged to get involved in the club and we actively require volunteers to help with the running of our club and at specific events. Please could you indicate if you would be willing to support us in any of the following areas (please circle all that apply);
<div style="display: flex; justify-content: space-between; padding: 5px;"> Team Manager (admin) Website/Communications Social events Administration / Register Tournament Admin </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> Coaching Umpiring Finance Fixture Organisation Sponsorship Child Welfare Officer Other </div>
If you have specified 'other', please state:

SECTION 5: 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 details will be used for emergency contact. Medical information can be discussed confidentially with the Hockey Child Welfare Officer

DOCTOR'S NAME		SURGERY		DR's PHONE NO.	
NEXT OF KIN (1) (Emergency Contact)		RELATIONSHIP		MOBILE PHONE	
NEXT OF KIN (2) (Emergency Contact)		RELATIONSHIP		MOBILE PHONE	
As far as you are aware, do you have any allergies? YES / NO (If YES please state below)					
Are you taking any regular medication? If so, for what reason? YES / NO (If YES please state below)					
Please ensure medication, inhalers etc. are clearly labelled and brought to all hockey sessions if they may be required.					
Does you have any long term illnesses or injuries? YES / NO (If YES please state below)					
Does you have any special requirements that your coach should be aware of? YES / NO (IF YES please state below)					
Should you require emergency medical assistance, do you consent to this? YES / NO (Please circle)					

SECTION 6: YOUR CONSENT

Your consent is required in order to participate in activities, training and matches organised by the Club. The Hockey club is affiliated to England Hockey (EH) , has Clubs First accreditation, and follows EH's Policies and guidance including Safeguarding and Protecting Young People in Hockey, Respect and Codes of Conduct.

MEDICAL: I consider myself to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that I am injured, I give my permission for the team managers/coaches appointed by Wigan HC to obtain emergency medical treatment on my behalf.

PHOTOGRAPHY: In some environments, 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 Wigan HC. Such images shall only be used for publicity/training purposes and I give consent for me to feature in such photos/ images. This includes any use of the images for all general purposes such as local newspapers/magazines, other promotional articles (inc. flyers) and the club's website.

DATA: Wigan HC hold members details to support the effective and operation of a sports club including data for safeguarding reasons, emergency contact, league/ hockey affiliations and for communications relating to the playing and promotion of Wigan HC activities. Team captains, managers and officials have access to data for the purposes of communication and administration of the club activities.

I have read the details contained within this form and agree to the conditions under which the applicant takes part in sporting activity.

I hereby apply for membership of Wigan HC. If elected I agree to pay subscriptions and abide by the Rules and Regulations and Code of Conduct of the Club.

SIGNED		DATE	
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