



# INVERLEITH HOCKEY CLUB

## JUNIOR REGISTRATION FORM

<i>Club use only</i>	
<i>Update</i>	
<i>Registered</i>	

(Under 18 as of 1<sup>st</sup> January of current year. Please use BLOCK CAPITALS)

Information given will only be used by officials of Inverleith Hockey Club (hereinafter called the "Club") in the course of their duties and to satisfy the registration requirements of The Scottish Hockey Union Ltd.

<b>Name</b>			
<b>Address</b>			
<b>Postcode</b>		<b>Date of Birth</b>	
<b>Telephone (Home)</b>		<b>Telephone (Mobile)</b>	
<b>EMail Address</b>			
<b>School</b>			

### MEDICAL DETAILS

<b>Asthma</b>	<b>YES / NO</b>	<b>Diabetes</b>	<b>YES / NO</b>	<b>Epilepsy</b>	<b>YES / NO</b>
<b>Known allergies and reaction symptoms</b>					
<b>Other Medical Details</b>					

### PARENT/GUARDIAN DETAILS

The Club requires details for at least one Parent/Guardian.

<b>Name</b>		
<b>Relationship to Child</b>		
<b>Telephone (Home)</b>		
<b>Telephone (Work)</b>		
<b>Telephone (Mobile)</b>		
<b>EMail Address</b>		

In an emergency a Club Official may consider it necessary to summon immediate outside medical assistance. Every effort will be made to contact a Parent/Guardian beforehand.

**I / WE AGREE THAT THE CLUB CAN SUMMON OUTSIDE MEDICAL ASSISTANCE** **YES / NO**

The Club may authorise the taking and use of photographs and video for training and publicity purposes and takes every reasonable effort to ensure appropriate use of any images.

**I / WE AGREE THAT THE CLUB CAN TAKE AND USE PHOTOGRAPHS AND VIDEO** **YES / NO**

<b>Signature</b>		
<b>Date</b>		

Please return to: Neill Sinclair, Junior Secretary, 5 Baberton Mains Lea, Edinburgh EH14 3HB