**INVERLEITH HOCKEY CLUB**



**Youth Registration Form**

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

|  |  |  |
| --- | --- | --- |
| **Player Name** |  | |
| **Date of Birth** |  | |
| **Gender** |  | |
| **School** |  | |
| **School Year** |  | |
| **Mobile Number** |  | |
| **Registration Type**  **(please indicate)** | **Junior** |  |
| **Junior playing adult hockey** |  |

**Parent/Guardian Contacts**

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

|  |  |
| --- | --- |
| **Guardian Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Email Address** |  |
| **Telephone (Home)** |  |
| **Telephone (Mobile)** |  |

**Second Parent/Guardian Contacts**

|  |  |
| --- | --- |
| **Guardian Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Email Address** |  |
| **Telephone (Home)** |  |
| **Telephone (Mobile)** |  |

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**

**Medical Details**

If you would like to discuss medical details, rather than enter them on this form, please indicate here and you will be contacted directly.

If happy to share via this form, please complete below

|  |  |
| --- | --- |
| **Known allergies and reaction symptoms** |  |
| **Other Medical Details** |  |

|  |  |
| --- | --- |
| 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 |
| I / We agree the club can share news and events with me via the emails provided above. | YES / NO |
| Do you agree to adhere to our Code of Conduct? This agreement is taken on behalf of the player and any spectators that accompany them. A downloadable version can be found on the club website under Useful Documents: [www.inverleith-hc.co.uk/useful-documents/](http://www.inverleith-hc.co.uk/useful-documents/) | YES / NO |

|  |  |  |
| --- | --- | --- |
| **Signature** |  |  |
| **Print Name** |  |  |
| **Date** |  |  |

Please forward for attention of Secretary via a club official or Email: [secretary@inverleith-hc.co.uk](mailto:secretary@inverleith-hc.co.uk)

**Your data:**

Data provided will be shared with East District Hockey and Scottish Hockey to satisfy their registration requirements. To ensure you get the most from your membership, the club committee will use your email address to inform you of relevant events and news. Your name, email address and mobile number will be shared with the relevant team managers so they can advise you of training and fixtures using the team management app Teamer. Other personal information given via this form has been deemed necessary for securing your safety and enjoyment when participating in the sport we love at our club. As a club we operate current data collection and storage best practice and keep within the limits of GDPR. If you have any questions relating to the use of your data please contact us: [info@inverleith-hc.co.uk](mailto:info@inverleith-hc.co.uk)