

ROYSTON HOCKEY CLUB

APPLICATION FOR JUNIOR MEMBERSHIP 2010/2011

Surname **Mr/Miss/Ms**.....

Forenames

Address

.....

Post Code

Telephone **Home**..... **Mobile**.....

Email (please write clearly)

Date of Birth

R.H.C. Shirt Number (if applicable)..... **Own shirt*/Club shirt***
(*delete as applicable)

ROYSTON HOCKEY CLUB SUBSCRIPTIONS FOR 2010/2011

	Subscription 2010/2011	If paid <u>before</u> 01/10/10
	£	£
*U18 as of 1.9.2010	50.00	30.00
*Juniors U15 as of 1.9.2010 (Including Sunday Training)	20.00	20.00

*U18 and Juniors Please complete the medical details form attached

I ACCEPT THAT THE ROYSTON HOCKEY CLUB HAS THE RIGHT TO REFUSE OR WITHDRAW MEMBERSHIP AT ANY TIME

I ENCLOSE MY CHEQUE [] OR CASH [] FOR £.....[Please tick appropriate box]

Cheques payable to ROYSTON HOCKEY CLUB

SIGNATURE

DATE

Please return this completed form with your remittance to Sarah Gourd, 2 Blake Close, Royston, Herts SG8 5UX **together with a passport-sized photograph by 1 October 2010.** Any queries phone Sarah 01763 220998 or email: subscriptions@roystonhockey.co.uk

**JUNIOR SECTION
MEDICAL INFORMATION**

Is there any medical condition we should know about? eg: Asthma:

.....

.....

Is regular medication given?:

.....

If yes, please give details.

.....

Is there any known allergy to drugs?:

If yes, please give details.

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In the event of an emergency, Please contact:

.....

.....

Name of Doctor:

Address of Doctor:

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Telephone No. of Doctor:

Dear Parent/Guardian

You should be aware that, as with all sports, there are risks of injury playing hockey, although as a Club, we make every effort to minimise these. Therefore, we have to ensure that in undertaking this activity your child does so with your knowledge and permission and that Royston Hockey Club cannot be held responsible for any injuries. **It is strongly recommended by the Club that all players wear Shin Pads and Gum Shields.**

Parent / Guardian name:

Signature:

Date: