

# ROYSTON HOCKEY CLUB

## APPLICATION FOR JUNIOR MEMBERSHIP 2009/2010

**Surname** ..... **Forenames** .....

**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 2009/2010

	<b>Subscription 2009/2010</b>	<b>If paid <u>before</u> 1.10.2009</b>
	£	£
*U18 as of 1.9.2009	50.00	30.00
*Juniors U15 as of 1.9.2009	20.00	20.00

\*U18 and Juniors Please complete the details overleaf/attached

By joining Royston Hockey Club I agree to abide by its codes of conduct and by its policies for the safeguarding of young people involved with the club. These codes and policies will be reviewed annually and published on the club website. It is the responsibility of club members, or in the case of young members their parents, to familiarise themselves with these documents at the start of each season.

I also agree to the above information being stored centrally and only distributed for hockey purposes, unless I have notified the Subscriptions Secretary in writing to the contrary.

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 Kate Nankivell, 45 Green Drift, Royston, Herts SG8 5BX **together with a passport-sized photograph by 1 September 2009. Parents, please send a passport-sized photo of yourself to have an ID card made up, no charge, plus name, address, car make and registration and email if available. Queries phone Kate 01763 231631 or email: [subscriptions@roystonhockey.co.uk](mailto:subscriptions@roystonhockey.co.uk)**

## JUNIOR SECTION MEDICAL INFORMATION

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

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Is regular medication given?: .....

.....

If yes, please give details. ....

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Is there any known allergy to drugs?: .....

If yes, please give details. ....

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In the event of an emergency, Please contact: .....

.....

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Name of Doctor: .....

Address of Doctor: .....

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Telephone No. of Doctor: .....

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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: .....