

# DYSYNNI HOCKEY CLUB



## Members Membership Form 2008/2009

PLEASE COMPLETE IN BLOCK CAPITALS

<b>S = Senior</b>	<b>£35.00</b>	<b>u14s</b>	<b>£10.00</b>
<b>u18s</b>	<b>£18.00</b>	<b>u11s</b>	<b>£5.00</b>
<b>u16s</b>	<b>£15.00</b>		
<b>Unemp/Student</b>	<b>£25.00</b>	<b>Social</b>	<b>£20.00</b>

Surname	Forename(s)	Title

Address	Postcode

Phones etc.

Home	
Mobile	
Email	

Date of Birth / /

Emergency Contact Name	
Emergency Contact Number	

If you **DO NOT** wish to receive information (post or email) from the DHC, please tick this box

Please note that your records will only be held on our files for the use of the Hockey club and will not be disclosed to any other third party.

**Pleas complete if membership application is for an under 18 year old.**

Is your child taking any medication ?	
If yes, please give details	
Has your child received a tetanus injection in the last 5 years?	
Does your child suffer from allergies?	
If yes , please give details	
Does your child suffer from asthma?	

1. I am pleased to allow my son/daughter to participate in training sessions, matches and all social activities. I consider him/her to be physically fit and capable of full participation, but in the event that he/she should become ill or injured when I am not present, I give my permission for Club officials or their appointed representatives to obtain appropriate medical treatment.

2. I give\* / do not\* give my consent for photographs and/or video footage of my son/daughter to be used for the promotion of Welsh Hockey and Dysynni Hockey Club

Signed (parent or guardian):  Date: