

ALDRIDGE-WALSALL HC MEMBERSHIP FORM

All prospective adult members of Aldridge-Walsall Hockey Club are required to complete this membership form and return it.
All details will be kept in a secure database with access restricted to authorised club officers only.

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	Mr/Mrs/Miss/Ms (Please circle)		
FULL NAME			
ADDRESS 1		DATE OF BIRTH	
ADDRESS 2		HOME PHONE	
TOWN		MOBILE PHONE	
POST CODE		EMAIL	

SECTION 2: MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	FEE	Please Tick
SENIOR	Full Senior Membership	£108	
CONCESSION	Adult part time work (Less than 16 hrs)	£75	
UNEMPLOYED/STUDENT/	Unemployed , Students, Juniors of all ages.	£50	
ZONE HOCKEY	N/A		
SOCIAL	Individual £24, Family £30 (2 adults/2children. under 16) Spouse/Partner £10		

Annual Subscriptions must be paid by 31st October.

Subscriptions may be paid monthly. Please speak to your Team Captain for details.

SECTION 3: MEMBER INFORMATION

(Information in this section is optional and will be used for club development purposes only)

STUDENTS – What school/college or university do you attend?
NON-STUDENTS – What is your occupation?
Would you be interested in learning to coach and or umpire? (Please state)
Would you be interested in being a team manager or club officer? (Please state)
What skills do you have that could help develop the club? (e.g. web design, accounting, printing, planning, sponsorship, etc)

SECTION 4: MEDICAL INFORMATION & CONSENT

In case of emergency and as part of the club's responsibility to its membership, ALL club members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised club officers only.

NEXT OF KIN		RELATIONSHIP		MOBILE PHONE	
DOCTORS NAME		SURGERY		PHONE	
As far as you are aware, are you allergic to any drugs? (Please state)					
Are you taking any regular medication? If so, for what reason?					
Do you have any long term illnesses or injuries?					
Declaration: I consider myself to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission for the team managers/ captains appointed by Aldridge Walsall HC to obtain emergency medical treatment on my behalf.					
SIGNED		DATE		(RELATIONSHIP)	

SECTION 5: ETHNICITY & DISABILITY

Whilst it is not compulsory for the following sections to be completed, the paragraph below explains why this personal information is considered to be important.

Sport can and does play a major role in promoting the inclusion of all groups in society. However, inequalities have existed within sport particularly in relation to gender, race and disability. Sport England and England Hockey are committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of people in sports clubs, national governing bodies of sport and Sport England can identify any issues relating to under representation of different groups and can develop strategies to ensure that all people have the opportunity in the future to develop and progress in sport.

England Hockey requests this data from clubs as part of the annual affiliation process and completing this data accurately enables the club to give an accurate picture to England Hockey on our membership.

PLEASE TICK THE BOX THAT BEST DESCRIBES YOUR ETHNICITY

ETHNICITY OF CLUB MEMBERS

	TICK BOX		TICK BOX
White British		Asian or Asian British - Pakistani	
White Irish		Asian or Asian British - Bangladeshi	
White Other		Asian or Asian British - Other	
Mixed - White and Black Caribbean		Black or Black British - Caribbean	
Mixed - White and Black African		Black or Black British - African	
Mixed - White and Asian		Black or Black British - Other	
Mixed - Other		Chinese	
Asian or Asian British - Indian		Other Ethnic Group	

PLEASE TICK TO INDICATE ANY LEARNING OR PHYSICAL DISABILITIES

DISABILITY

	TICK BOX
Deaf	
Visually impaired	
Hearing impaired	
Physical disability	
Learning disability	
Multiple disability	

Please add any additional relevant information:

To ensure that we have the correct contact details for you, please complete the information requested and return the form to the Club Membership Secretary. (John Hayward, 151, Broadway North, Walsall WS1 2QB. Email:johnhayward151@hotmail.com) This information will be used to keep you informed about Club events and to contact you in the event of an accident or incident. Some of the information is required to comply with the England Hockey Equity Policy, which has been adopted by the Club.