

# Membership Form 2010 / 2011



## Contact Information

Player's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

School \_\_\_\_\_

Home phone \_\_\_\_\_

Parent / Guardian Name (1) \_\_\_\_\_ Parent / Guardian Name (2) \_\_\_\_\_

Mobile (1) \_\_\_\_\_ Mobile (2) \_\_\_\_\_

Email (1) \_\_\_\_\_ Email (2) \_\_\_\_\_

Players Mobile if over 14 \_\_\_\_\_

## Medical History / Information (details of known allergies, conditions, medications needed, special needs etc)

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Contact Number \_\_\_\_\_

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

## Consent

I am the Parent / Guardian of \_\_\_\_\_

I understand that photographs will be taken during or at hockey related events and may be used in the promotion of hockey or training / coaching purposes.

I hereby consent to the above child(ren) participating in hockey activities in line with the Code of Ethics for Hockey for Young People.

I will inform the secretary of any changes to the information above.

I confirm that all details are correct and I am able to give parental consent for my child(ren) to participate in and travel to all activities  
I do release Fermoy Hockey Club, it's coaches and volunteers from all and any liability, no matter how, arising in connection with his/her attendance, play and transportation related thereto

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

## Membership Rates

1 child - €100

2 children - €180

3 children - €260