



Ambleside Hockey Club Membership Form 2018-2019

Please note we need to register ALL members for insurance purposes.

To ensure we have your correct details, please complete the information below and email this form to the club treasurer, specifying payment option.

If you are under 18 please also ask your parents or guardian to sign this form before it is returned.

We will also use this information to keep you up to date with club events.

To make membership and training fees easier to pay, we have the following payment options available. **The amounts cover all training fees and membership fees combined.** They do **not** include match fees.

Full members

- 1 Payment of £130.00 (September) **OR**
- 2 Payments of £65 = £130.00 (September & January) **OR**
- 7 Payments of £20 = £140.00 (September to March inclusive)

Minis

- 1 Payment of £55.00 **OR**
- 1 Payment of £15.00 and £2.00 per week

Friends of AHC (Parents/supporters)

- 1 payment of £15

Fees to be paid by standing order or BACS using the following bank details:

Account number: 33765871 Sort code: 010466

or with a cheque payable to Ambleside Hockey Club. **All payments should be accompanied by the player's name as a reference.**

Secretary: Claire Longney, 105a Sedbergh Rd, Kendal, LA9 6BE
T: 07740 815 233 E: claire@acorncoaching.com

Val Nicholls: Chairperson
Anne Dixon: Treasurer



Player Details:

Name: _____

Address: _____

Postcode: _____

Date of Birth: _____

Telephone number (Home) _____

(Mobile) _____

Email address: _____

Correspondence from the Club will normally be on the website/Facebook or sent by email.

Medical Information:

Please give details of any medical information that we should be aware of (e.g. epilepsy, diabetes, asthma etc. and any medication that is being taken. Also provide details of any allergies).

Emergency Contact Details:

JUNIOR MEMBERS (Under 18, including Minis)

Please give details of the person who should be contacted in the event of an emergency.

Contact Name (e.g. parent/carer :) _____

Emergency Contact Number _____

- By returning this completed form, I agree to my child/child in my care taking part in the club activities.
- I understand I will be kept informed of all these activities – for example timing & transport details.
- I understand that in the event of any injury/illness all reasonable steps will be taken to contact me & to deal with that injury/illness appropriately.
- I understand all data held by Ambleside Hockey Club is held securely and will not be shared with 3rd parties.

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Name of parent/carer _____

Signature of parent/carer: _____ Date: _____

Please note, from time to time we will take photographs of the team when playing matches, these may be used for the club newsletter, website or social media.

If you do NOT want your child's photograph taken or used by the club please sign below.

I DO NOT want my child's photograph taken or used as indicated as above.

Signature of parent/carer: _____ Date _____

Note: We also have visits from press photographers to place pictures in newspapers to supplement a match report, over which we have no control.

SENIOR MEMBERS (Over 18)

Please give details of the person who should be contacted in the event of an emergency

Contact Name _____

Emergency Contact Number _____

I understand all data held by Ambleside Hockey Club is held securely and will not be shared with 3rd parties.

Name _____

Signature: _____

Date _____

All subscriptions must be in place by 15th September

Please return this form to the treasurer before 15th September. Send to Anne Dixon, 5 Wattsfield Rd, Kendal, LA9 5JH or email the form to: amblesidehockeyclub@gmail.com

The following information is for monitoring purposes only. AHC provides statistics to England Hockey as required by Sport England. Individuals personal data is not shared.

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Ethnicity:

In order to help the club monitor its membership, can you please tick one of the following boxes to identify your ethnic origin/group.

A: White

- British Irish Any other white background (please specify)

B: Mixed

- White & Black Caribbean White & Black African White & Asian
 Any other mixed background (please specify)

C: Asian or Asian British

- Indian Pakistani Bangladeshi Any other Asian background (please specify)

D: Black or Black British

- Caribbean African Any other Black background

E: Chinese or other ethnic group

- Chinese Any other ethnic group (please specify)

Disability:

The Disability Discrimination Act 1995 defines a disabled person as anyone having 'a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

- Visual impairment Learning disability Physical disability
 Multiple disability Hearing impairment Other (please specify)

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