

**TIVERTON WHITE EAGLES HOCKEY CLUB - JUNIOR MEMBERSHIP FORM 2018-2019**

Full Name			
Date of Birth			
Address and Postcode			
Contact Telephone Number			
Mobile Telephone Number			
Emergency Contact			
E-Mail			
School/College			
Any known medical condition (If over 18)			
Disability Yes/No	Visual Impairment Learning	Hearing Impairment Other	Physical

**Please circle the appropriate method of payment.**

<b>Junior</b>	Age 14 or under	£30 per term (Sep-Dec & Jan-Mar) Including training costs	<b>Cash/Cheque/ Bank Transfer</b>
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**Cheques made payable to TWEHC**

**Bank Transfer:**

**Account Name: White Eagles Hockey Club**

**Account Number: 71072500**

**Sort Code: 60-21-27**

**GIFT AID** - If you are a UK taxpayer, please tick the box below to join the Gift Aid scheme. Doing so will mean that we can claim up to 25p extra for every £1 you give, at no additional cost to you!

**Parent/Guardian Name:**.....

**Yes, I am a UK taxpayer**

**PLEASE ENSURE YOU USE YOUR CHILDS NAME AS THE PAYMENT REFERENCE FOR BANK TRANSFERS**

**Under 18 Medical/Travel/Photo Consent**

*(To be completed by parent or guardian for all Under 18 members) \*delete where applicable.*

I am pleased to allow my son/daughter\* to participate in Tiverton White Eagles hockey fixtures, coaching and training sessions. I consider my son/daughter\* to be physically fit and capable of full participation, but in the event that he/she\* should be injured when I am not present, I give my permission for the team manager/coach to obtain emergency medical treatment on his/her\* behalf.

Does your son/daughter have any medical conditions? Please give details.	
Does your son/daughter need any regular medication or treatment? Please give details.	
When was your son/daughter's last Tetanus vaccination?	
I will inform the team manager of any changes to the details given above.	
Signed: Parent/Guardian	Date:

I give consent for my son/daughter\* to travel with members of Tiverton White Eagles Hockey Club to matches / competitions. Yes/No

I give consent for authorised members of Tiverton White Eagles Hockey Club/authorised members of the press to take photos of my son/daughter\* individually or as part of a team at matches/tournaments and for these photos to be used in the press or on the club website. Yes/No

**DATA AGREEMENT** - I give consent for TWEHC to hold the above data on file for membership records and medical reasons in line with the clubs Data Privacy Notice, the clubs privacy notice can be provided upon request. (Please sign, without your consent we are unable to process your club membership)

**SIGNED:**

**PRINT NAME:**