

# Old Bordenian Hockey Club

Affiliated to Kent County Hockey Association

Pitch & Clubhouse: *Borden Grammar School, Avenue of Remembrance, Sittingbourne, Kent, ME10 4DB*  
Club Website: *www.obhc.co.uk* / Colours: *Maroon & Gold*



## Membership/Registration Form

Please return to Alan or Lesley Wilson (Senior/Junior), Iain Burwood (Junior) or Annette Bahrawi (Minis): details are confidential and are used solely for Club purposes. They are released only to relevant Officers of the Club who undertake to maintain such confidentiality.

### Players Details

First Name: ..... Surname: ..... D of B: d.d. / m.m. / y.y.y

Address: .....

..... Postcode: ..... Gender: M / F

Tel. No: Home: ..... Mobile: .....

E-mail: .....@.....

### Medical Information

Please detail below any important medical information that the club should be aware of (e.g. allergies, asthma, epilepsy, etc) and note any treatment/medication required:

.....

.....

..... Date of last Tetanus Injection: m.m / y.y.y

Name of Doctor: ..... Registered Surgery: .....

### Emergency Contact Details

Contact Name: ..... Relationship: .....

Tel. No: Home: ..... Mobile: .....

### Under 18 General, Medical and Photographic Consent

In order to comply with our Safeguarding Policy and to ensure the welfare of all our members who are under 18 years of age, we require a Parent/Guardian to read, tick and sign the following statements:

I agree to my child taking part in the activities of the Club, including any fixtures. I have read the Club's Code of Conduct for Parents/ Carers and agree to comply with it.

I understand that in the event of an injury or illness involved in the Club's activities, all reasonable steps will be taken to contact me and to deal with the injury or illness appropriately. In the event of the Club being unable to contact me I give consent for an Officer of the Club to act on my behalf.

During Club activities, filming or still photography may take place. All filming and still shot photography will be captured and used in accordance with the Club's Safeguarding Policy and England Hockey Child Welfare Guide. I give permission for my child to be included in photography.

Name of Parent/Guardian: .....

Signed: ..... Date .....

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## Membership Details *(please tick)*

Senior (over 18 in employment)	£190	<input type="checkbox"/>
Adult (over 18 in full time education or not in employment)	£60.00	<input type="checkbox"/>
Young Adult (under 18 in employment)	£60.00	<input type="checkbox"/>
Junior (under 18 in full time education)	£60.00	<input type="checkbox"/>

Note: In line with England Hockey welfare guidance, a child under 13 on 1<sup>st</sup> January cannot take part in adult league hockey.

Concessionary (Please contact the Treasurer/Chairman who will agree a fee suitable to your needs in the strictest confidence)

Registered Mini/Junior (Sunday Minis/Monday Juniors not playing adult hockey) £10  
Note: If a "Registered Junior" starts playing adult hockey during the season, only the extra £35 part of the Junior fee is payable

## Sporting Information *(please circle)*

Have you played Hockey before? Yes No If "Yes", where have you played?

Primary School / Secondary School / Local Authority Training Session / Club / County /

Other *(please specify)* .....

Are you a Goal Keeper or interested in playing in goal? Yes No

## Sports Equality Monitoring

This section is not compulsory: the reason for requesting this information is outlined below:

*Sport can play a major role in promoting the inclusion of all groups in society. Our Club, Sport England and England Hockey are committed to promoting and developing sport equality, which is about fairness, equality of access, recognizing inequalities and taking steps to address them. To help the Club monitor its membership and to comply with Sport England equity requirements, please complete the following questions:*

Ethnic Origin: *(please circle)*

White British	White Irish	Other White Background*
Black African	Black Caribbean	Other Black Background*
Asian Indian	Asian Pakistani	Other Asian Background*
Chinese	Mixed*	Other Ethnic Background*

\* Please specify (optional): .....

### Special Needs:

The Disability Discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment which has a substantial and long term adverse effect upon his/her ability to carry out normal day to day activities"

Do you consider yourself to have a disability? *(please circle)* Yes No

If "Yes", what is the nature of your disability? *(please circle)* Visual Impairment / Physical Disability / Multiple Disability / Hearing

Impairment / Learning Disability / Other *(please specify below)*

.....

## Annual Review *(amend and initial any changes where necessary)*

Signed: ..... Date: d.d. / m.m. / y.y.y.y