Devonport Dragons Junior Hockey Club

2011 - 2012 Season

Membership & Consent Form

All information will be treated in strict confidence. Please print information clearly.

Member	First Name	
	Middle Name	
	Surname	
	Gender	
	Date of Birth	
Address	House Number	
	Street Name	
	District	
	Town	
	County	
	Post Code	
Phone Numbers	Home	Mobile
	Others	
	Emergency contacts - preferably in addition to the other mobile numbers and their relationship to the member	
E-mails	Parents' / Guardian's	
	Member's	
School	Name of School	
	School Year	
Parents' / Guardians'	1st Parent/Guardian (Full Name)	
	2nd Parent/Guardian (Full Name)	

Medical Information (anything that DDJHC and committee / coaching staff should be aware of)

Please provide full details:

I consent to any emergency medical treatment required by my child during the course of the activity / event. I confirm that my child is in good health, and I consider them fit to participate. I understand that the Club may arrange for photographs to be taken of its activities, and that I consent for the Club to use these for bona-fida promotional purposes. The Club will handle all photographs sensibly and securely. The information you provide will be used to ensure the safety of all participants, and may be shared with other people/ organisations involved with the delivery of these activities. By signing this form you are consenting to the Club using the information, which you have supplied, in the manner stated above.

Name of Parent / Guardian: Date:

Signature:

Please complete all of the above information and pass to any of the DDJHC coaching staff at Sunday training sessions or send to Robin Barlow, 2 The Elms, Stoke, Plymouth, PL3 4BR

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