



DEVONPORT DRAGONS JUNIOR HOCKEY CLUB

2009 - 2010 Season

Membership & Consent Form

Devonport Regeneration Company



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

Member	First Name
	Middle Name
	Surname
	Gender
	Date of Birth
Telephone	Telephone - Home
	Telephone - Other
	Telephone - Mobile
Address	House Number
	Street Name
	District
	Town
	County
	Post Code
E-mails	Parents' / Guardian's
	Member's
School	Name of School
	School Year
Parents' /	1st Parent/Guardian (Full Name)
Guardians'	2nd Parent/Guardian (Full Name)
Details	Other contact number (in emergency)
	Other contact number (in emergency)

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/Tuesday training sessions or send to Robin Barlow, 2 The Elms, Stoke, Plymouth, PL3 4BR

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