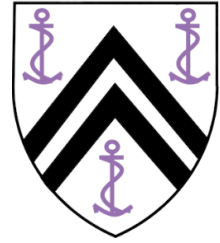


Junior Membership and Parental Consent Form

Gillingham Anchorians Hockey Club

Anchorians Clubhouse, Darland Avenue, Gillingham Kent ME7 3AN
www.gahc.co.uk



Any player under the age of 18 must return this form to a Junior Training Coach before participating in any training or matches.

Child's Name _____ DOB _____

School _____ School Year _____

Male / Female / Other (Please Specify) _____

Home Address (inc. Postcode) _____

Parent / Carer Contacts

▪ Contact 1 Name _____ Relationship _____

Email Address _____

Phone No _____ Alt Phone No _____

▪ Contact 2 Name _____ Relationship _____

Email Address _____

Phone No _____ Alt Phone No _____

▪ In case of emergency, who should we contact first? Contact 1 Contact 2

Medical Information

Do you consider the child to have a disability?

No Yes (please specify) _____

Does the child have any medical conditions we should be aware of, including medication and allergies?

No Yes (please specify) _____

Is the child taking any medication on a regular basis?

No Yes (please specify) _____

Please speak to a member of the Junior Training Team if you would like to discuss any medical issues in further detail

Data Collection and Usage

- GAHC may photograph/video the child at training or matches for the purposes of training, video analysis etc No Yes
- GAHC may use the child's image in publicity material including the website. *N.B. No personal or identifying information will be posted with any photo or video* No Yes
- The child's image may appear in the press. e.g. local newspapers No Yes
- GAHC may contact me with information they think I might find useful related to hockey club membership, e.g. training courses, supporting opportunities No Yes
- GAHC may contact me through email or social media purely for the purposes of administering club business No Yes

Declaration

By returning this completed form, I agree to the named child taking part in the activities at this club and acknowledge the need for good conduct and responsible behaviour on their part at all times.

I understand that in the event of an injury or illness all responsible steps will be taken to contact me, and to deal with that injury/illness appropriately. I will also ensure that the club be updated throughout the season with any necessary information that may be of importance to the Junior Training Team.

I give permission for the named child's coach/team manager to obtain emergency medical treatment should the need arise.

The club will use the information on this membership form (together with other information it obtains about the player) to administer their hockey activity at the club and in any activities in which they participate through the club, and to care for and supervise activities in which they are involved. All data will collected and stored in accordance with our GDPR Data Privacy Notice which is displayed on our website.

By signing this form, I consent to the named child travelling to venues for matches and training by transport provided by Gillingham Anchorians Hockey Club and in accordance with Club Child Welfare Policies, which may include travelling in other players'/parents' private cars.

Signed _____

Date _____

Any parent/carer wishing to become involved with GAHC in any capacity can contact the Club through the details below. Any offers for help or volunteers are gratefully received.

Club email: anchorianshc@gmail.com

Director of Junior Coaching: **Laura Skillen**

anchoriansjhc@gmail.com