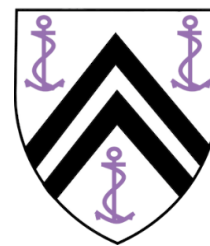


Parental Consent and Junior Membership Form



Gillingham Anchorians Hockey Club

Anchorians Clubhouse, Darland Avenue, Gillingham Kent ME7 3AN
Tel: 01634 851495 www.gahc.co.uk

Director of Junior Coaching: Harry M^cDonald, 2 Church Mews, Rainham, ME8 8LB
07964 819615, anchoriansjhc@gmail.com

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

Childs Name..... D.O.B.....

Child's E-mail Address.....

School..... School year.....

Male Female Other (please specify)

Parent / Carers Names.....

Home Address.....

.....

.....

Post Code.....

Email address.....

Home Telephone Number (inc area code).....

Mobile Telephone Number.....

(please tick which phone number should be used in the event of an emergency)

In the event that a representative of the club not being able to make contact using the numbers above, please provide details of a relative or friend that may be contacted instead:

Name..... Relationship to child.....

Emergency contact number.....

MEDICAL INFORMATION ABOUT MY CHILD:

Do you consider your child to have a disability? YES NO

If yes, what is the nature of the disability?

Does your child have a medical condition that we need to be aware of, including medication and allergies? YES NO

If yes, please give brief details:

.....

Is your child taking medication on a regular basis? YES NO

If yes, please give details.....

Please feel free to speak in confidence to someone at the club if you want to give more details.

In order to help the club monitor its membership, please tick one of the boxes below to identify your ethnic group:

- | | | | | | |
|------------------------|--------------------------|---------|--------------------------|------------------------|--------------------------|
| White | <input type="checkbox"/> | Mixed | <input type="checkbox"/> | Asian or Asian British | <input type="checkbox"/> |
| Black or Black British | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | | |
| Other (please state) | <input type="checkbox"/> | | | Prefer not to say | <input type="checkbox"/> |

Have you played hockey before? YES NO

If yes, where? Please tick below.

- | | | | |
|----------------------|--------------------------|------------------|--------------------------|
| Primary School | <input type="checkbox"/> | Secondary School | <input type="checkbox"/> |
| Special Needs School | <input type="checkbox"/> | Club | <input type="checkbox"/> |
| DC (District) | <input type="checkbox"/> | AC (County) | <input type="checkbox"/> |
| Other (please state) | <input type="checkbox"/> | | |

**To be signed by the parent / guardian of members under 18 years of age -OR-
To be signed by members who are 18 years of age or over**

By returning this completed form, I agree to my 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 Co-ordinator. I give permission for my 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 his/her hockey activity at the club and in any activities in which he/she participates through the club and to care for and supervise activities in which he/she is 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 my 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**.....

- To be signed by all members:

I have read and agree to abide by the code of conduct applicable to all members.

Signed..... **Date**.....

Any parent/carer wishing to become involved with Gillingham Anchorians Hockey Club in any capacity can contact the Club Chairperson (Laura Hopkins) on 07849 035591, or Harry M^cDonald (details above). Any help or volunteers are gratefully received.

Permissions for Data Collection and Storage

To be completed by the parent / guardian of members under 16 years of age

-OR-

To be completed by members who are 16 years of age or over

Gillingham Anchorians Hockey Club may photograph/video my child (*me*) at training or matches for the purposes of training, video analysis etc:

YES NO

Gillingham Anchorians may use my child's (*my*) image in publicity material including the website. *N.B. No personal or identifying information will be posted with any photo or video:*

YES NO

My child's (*My*) image may appear in the press. e.g. local newspapers:

YES NO

Gillingham Anchorians may contact us with information they think we might find useful related to your hockey club membership, e.g. training courses, discounts on equipment, supporting opportunities:

YES NO

Gillingham Anchorians may contact my child (*me*) through email and social media purely for the purposes of administering club business:

YES NO

(Our official Gillingham Anchorians Hockey Club Facebook site is a closed one, closely monitored by Club officials - we will only allow access to Club members aged 13 years and over.)

Signed..... Date.....