



# Spencer Hockey Club

## Junior Section - Medical Information & Consent Form 2010/11 Season

### Junior Member's Details

Name - 1st Child

Name - 2nd Child

Date of Birth 1st Child

School - 1st Child

Date of Birth 2nd Child

School - 2nd Child

Home Address

Post Code

Home phone

Parent's Email address (info about matches sent via email)

Name of Mother / Carer \*

Name of Father / Carer \*

### Medical Information

Detail all medical conditions that we should be aware of

1st Child:  Asthma  Diabetes  Epilepsy  Allergy

2nd Child  Asthma  Diabetes  Epilepsy  Allergy

Other details:

Other details:

### Emergency Contact

Emergency Contact Person 1

Emergency Contact Telephone Number 1

Emergency Contact Person 2

Emergency Contact Telephone Number 2

### Photography

Occasionally Spencer Hockey Club representatives take photographs of the players and spectators for general publicity purposes. The club reserves the right to use the images resulting from photography, including any reproductions or adaptations of the images. If you do not want your child to be photographed sign this section.

Sign only if you **DO NOT** wish your child to be photographed: \_\_\_\_\_

### Disclosure of contact information

Spencer Hockey Club will provide a list of junior members, their parents' email address and phone number to other junior members of the club, to facilitate transport arrangements for matches. We will not give your details to 3rd parties.

Sign if you **DO NOT** wish to share your email and phone number : \_\_\_\_\_

### Payment

1st Child: £105.00 before 1 January 11. £60 after 1 Jan 11 .

£ \_\_\_\_\_

Each additional child from the same household: £85.00 before 1 Jan 11. £50 after 1 Jan 11.

£ \_\_\_\_\_

^ Donation to the Spencer facility fund (optional): £10, £20 or other. Are you a UK Tax payer? Y / N\*

£ \_\_\_\_\_

Total Amount Enclosed (please make cheques payable to Spencer Hockey Club):

£ \_\_\_\_\_

### Volunteering

Spencer HC is run by volunteers and needs your help to help give the children the best possible sporting experience. Please indicate whether you will be able to give some of your time.

2 hours per week

2 hour per month

2 hours per season

absolutely no time to spare

### Consent

By returning this completed form, I agree to my son / daughter / child in my care \* taking part in the club's activities.

I understand that I will be kept informed of these activities – for example timing and transport details.

I will ensure my son / daughter wears a well-fitting mouth guard, shin guards, appropriate footwear and clothing to training and matches.

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

I have received a copy of the club's code of conduct for players and parents/carers and understand its contents.

Name of Parent / guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Information will be used by Spencer Hockey Club and The Spencer Club only. It will not be given to other parties without your written approval.

^ Spencer HC has CASC tax status and can reclaim basic rate tax on your Gift Aid donation.

\* delete as appropriate

Complete and return with payment made payable to **SPENCER HOCKEY CLUB**

c/o 180 St Ann's Hill, Wandsworth, London, SW18 2RS