

## Caesarean Club Membership Form 2011 - 2012

All prospective members of Caesareans are required to complete this registration form and return it with payment prior to selection for the league season.

All details will be kept in a secure database with access restricted to authorised officers only.

### SECTION ONE: Member Contact Details

Title:	Surname:	First Name(s):
Date of birth:		
Home address:		
POSTCODE:		
Daytime phone number:	Evening phone number:	Email address:
<p><b>I give my permission for my details to be put on the JHA membership database and understand that I may be contacted by JHA members in relation to playing hockey in certain tournaments or other hockey events (please tick box if you do not wish to be contacted).</b></p>		

### SECTION TWO: Membership type

Member Type	Description	Fee	Please Tick
Youth/Student	Full time students and U18s playing Senior Matches (Season Fee = £50-00 )		

### SECTION THREE: Member Information

Information in this section is optional and will be used for development purposes only

STUDENTS – What school/college or university do you attend?	
Would you be interested in learning to coach and/or umpire? (Please state)	

### SECTION FOUR: Medical Information and Consent

(To be completed by PARENT or LEGAL GUARDIAN if under 18)

In case of emergency and as part of the Caesareans responsibility to its membership, ALL members are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised officers only.

Next of kin:	Relationship:	Mobile phone:
Doctor's name:	Surgery:	Doctor's phone number:
As far as you are aware, are you allergic to any medication? (Please state)		
Are you taking any regular medication? If so, for what reason?		
Do you have any long term illnesses or injuries?		
<b>Disability</b>		

Information in this section is optional but would be very helpful to coaches and managers.

	TICK		TICK
Deaf		Physical disability	
Visually Impaired		Learning disability	
Hearing Impaired		Multiple disability	

Please add any additional relevant information:

**DECLARATION:**

I consider my son to be physically fit and capable of full participation and agree to notify the Caesareans of any changes to the medical information provided. Furthermore, in the event that of injury I give my permission for my son for the team managers/coaches appointed by Caesareans to obtain emergency medical treatment.

Signed:	Date:	Relationship:

**SECTION FIVE: Under 18 member consent (to be completed by PARENT or LEGAL GUARDIAN)**

It is a requirement of JHA Caesareans policy that parental/legal guardian consent is provided for participation and photography. The JHA Members Code of Conduct and Safeguarding and Protecting Young People Policy are available in the handbook.

PHOTOGRAPHY: It is impossible to control photography by external parties. However, I am aware that there may be times that photographs and/or footage may be taken during matches and training sessions by approved agents and/or officers of Jersey Hockey Association. Such images shall only be used for publicity/training purposes in accordance with Jersey Hockey Association Safeguarding and Protecting Young People Policy and Photography Policy and I give consent for my son to feature in such photos/images. I hereby only grant approved agents the right to use the images resulting from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes, e.g. local newspapers, local magazines, other promotional articles (including flyers) and the club's website.

Signed:	Date:	Relationship:

Please return this form with cheques for £50-00 payable to 'JHA Development Fund' to 'John Phipps, Northwood, 21 La Rue de la Forge, Grouville JE3 9BH)

**Caesareans JHA Safeguarding Policy**

We are committed to Safeguarding and Protecting the young people at our club and we have appointed a Child Welfare Officer to support our Safeguarding Policy.

**Our Child Welfare Officer is:**

John Phipps

You can contact him as follows:

Northwood, 21 La Rue de la Forge, Grouville JE3 9BH, 857120, 07797 748636, Phipps.family@jerseymail.co.uk