

Bexleyheath and Belvedere Hockey
Club
Junior / Colt's
Club Membership Form

Dear Parents / Carers,

We are pleased to welcome you to Bexleyheath and Belvedere Hockey Club.

As part of our policy for the Colts at BBHC, we insist that you register every child, by completing the form below. The information will be kept confidential to other members of BBHC, unless they are a member of the hockey club's executive committee.

To ensure that we have the correct details for you, please complete the form below and return it with payment for subscriptions to the Club Secretary (Karen Hall), Andrei Mendis or Alison Hollands (Youth Development Officers).

Or post them to: **Andrei Mendis, 146 Wilmot Road, Dartford, Kent, DA1 3BE**

N.B. If you are under 16 please ask your parent or guardian to sign this form before it is returned.

| Personal Details: | |
|----------------------------|-------------------|
| FULL NAME: | |
| ADDRESS: | |
| | |
| | POST CODE: |
| HOME TEL. NO. | |
| MOBILE NO (Parents) | |
| MOBILE NO (Child's) | |
| EMAIL (Parents): | |
| EMAIL (Childs): | |
| D.O.B (dd/mm/yyyy): | |
| GENDER: | |
| SCHOOL: | |

Sport Equality Monitoring:

Whilst it is not compulsory that this section is completed, the following paragraphs explain why it is important.

Sport can and does play a major role in promoting the inclusion of all groups in society, however, inequalities have traditionally existed within sport, particularly in relation to gender, race and disability.

Sport England is committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of young people in sports clubs, national governing bodies of sport and Sport England can identify any issues relating to under-representation of different groups and can develop strategies to ensure that all young people have the opportunity in the future to develop and progress in sport.

In order to help the club monitor its membership, can you please tick one of the following boxes to identify your ethnic group.

| Ethnic Origin: | |
|---|---|
| White – British <input type="checkbox"/> | Black or Black British – Caribbean <input type="checkbox"/> |
| White – Irish <input type="checkbox"/> | Black or Black British – African <input type="checkbox"/> |
| Other White Background <input type="checkbox"/> | Other Black Background <input type="checkbox"/> |
| Asian or Asian British – Indian <input type="checkbox"/> | Other Asian Background <input type="checkbox"/> |
| Asian or Asian British – Pakistani <input type="checkbox"/> | Mixed-White and Black Caribbean <input type="checkbox"/> |
| Asian or Asian British – Bangladeshi <input type="checkbox"/> | Mixed-White and Black African <input type="checkbox"/> |
| Chinese <input type="checkbox"/> | Mixed-White and Asian <input type="checkbox"/> |
| Other Mixed Background <input type="checkbox"/> | Other Ethnic Background <input type="checkbox"/> |
| Any other (please specify) <input type="checkbox"/> | |

Disability:

The Disability Discrimination Act 1995 defines a disabled person as anyone with "a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities".

| | | | |
|--|--|--|-----------------------------|
| Do you consider yourself to have a disability? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If "yes", what is the nature of your disability? | | | |
| Visual Impairment <input type="checkbox"/> | Physical Disability <input type="checkbox"/> | Multiple Disability <input type="checkbox"/> | |
| Hearing Impairment <input type="checkbox"/> | Learning Disability <input type="checkbox"/> | Other (please specify) _____ | |

Medical Information:

Please detail below any important Medical information the Club should be aware of (e.g. epilepsy, asthma, diabetes etc.)

| |
|--|
| |
| |
| |

Emergency Contact Details:

Please insert the information below to indicate the person(s) who should be contacted in case of an incident / accident.

| Contact: | | | |
|---------------------------|--|---------------------------|--|
| Contact Name: | | Contact Name: | |
| Emergency Contact Number: | | Emergency Contact Number: | |

Parent / Guardian Occupation

Occasionally, your club requires advice or assistance from members in certain professions. We would like to keep on record details of your profession to allow us to seek help internally within the club before following external options. This is an optional field.

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Membership:

| Membership Type: | |
|--|------------------------------|
| Student in Full time education under the age of 21 | £85 <input type="checkbox"/> |
| Under 16's | £55 <input type="checkbox"/> |

| Payment Method: | |
|--|---|
| Cash <input type="checkbox"/> | Cheque (payable to BBHC) <input type="checkbox"/> |
| Standing Order* <input type="checkbox"/> | Internet Bank Transfer† <input type="checkbox"/> |

* If you wish to pay by Standing Order, please complete the attached form and **TAKE IT TO YOUR BANK.**

† If you wish to pay by Internet Bank Transfer, please ensure that you use your **FULL NAME** as the reference.

Bank Details: Sort Code: 40 - 07 - 35 **Account number:** 71324853

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

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

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.

1. I do/do not* give permission for my child to partake in hockey training sessions and games
2. I will collect my child* * Please delete as applicable
3. I allow my child to travel by themselves*
4. My child's image may / may not be used on BBHC's website and printed promotional publications*

Signed:

Date:

