



CROYDON HOCKEY CLUB

JUNIOR SECTION MEMBERSHIP FORM

Athlete Information

Name _____

Address _____

Telephone _____

Date of Birth _____

School _____

Parent / Guardian

Name _____

Relationship _____

Address _____

Phone _____

Emergency Contact Details

Name _____

Relationship _____

Contact Phone _____

Medical Details

Please provide details of any allergies / medication / medical problems etc.

Parental Consent

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

I agree to my son / daughter being photographed with the possibility that these photographs may be used for coaching, publication and / or publicity.

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.

Name of parent/ carer:

Signature of parent/ carer:

Date: