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| A close up of a sign  Description automatically generated | **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 | A close up of a sign  Description automatically generated |

Director of Junior Coaching: Harry McDonald, 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 □ Mixed □ Asian or Asian British □

Black or Black British □ Chinese □

Other (please state) □ ………………… Prefer not to say □

Have you played hockey before? YES □ NO □

If yes, where? Please tick below.

Primary School □ Secondary School □

Special Needs School □ Club □

DC (District) □ AC (County) □

Other (please state) □ ………………………………………………………………………………..

**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 McDonald (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**…………………………………