

St Neots Hockey Club Registration Form

By filling in this form I give St Neots Hockey Club permission to store my data and for information to be passed on to selected members of St Neots Hockey Club.

Player

Name	
DOB	
Address	
Phone Number	
Mobile Number	
Email	

Emergency Contact / Parent / Guardian

Name	
Phone Number	
Mobile Number	
Email	
Relationship	

Hockey Qualifications

Coach		Umpire	
Hockey Leader		Sports Leader	

Ethnicity

White	British		Irish		Other	
Black/Black British	Caribbean		African		Other	
Asian/Asian British	Indian		Pakistani		Other	
Chinese/Other	Chinese		Other			
Mixed	White & Black Caribbean		White & Black African		White & Asian	
	White & Chinese		Other			

If you consider yourself to have a disability please write the details below

Under 18 Medical Consent (complete by parent/guardian for all U18 members)

I give consent for my son/daughter to participate in training and matches for St Neots Hockey Club. In the event of an injury when I am not present I give my permission for the club to obtain emergency medical treatment.

Does your son/daughter have any allergies? Please state below
Does your son/daughter have any regular medication or treatment? Please state below
Signed: _____ (Parent/Guardian) Date: _____