



EXE HOCKEY CLUB

MEMBERSHIP FORM 2011-2012

Please complete this form fully and return with payment to:

Hannah Jones, 26 Normandy Road, Heavitree Exeter EX1 2SR (email: jones56@btinternet.com) or your captain by **30 September 2011**.

Personal details:

Name:	
Address:	
Postcode:	
Home telephone number:	
Mobile:	
Email:	
Date of birth: (if under 18)	(also see consent form)

Membership category and Payment Method:

I wish to apply for the following category of membership and payment method.

(tick as appropriate and circle your method of payment.)

Category	Subs in full before 30/09/11	Instalment Schemes	Subs/Instalments after 30/09/11	Match fees
Senior – Over 18	£140	i) 12 monthly standing orders of £12 commencing in May ii) £60 by 30/09/11 followed by 7 monthly standing orders of £12	£150 £70 followed by 7 monthly standing orders of £12	£7
Student/Youth – Over 13, in full time education and playing adult League hockey	£80	N/A	£90	£5
Junior - Under 16 - playing Junior only matches/attending training	£60	Subscription £10 plus £3 for each training night	N/A	£3
Associate - Occasional player, volunteer or person wishing to be associated with the Club (including students studying away from Exeter.) Subscription £10				

Bank Details for Internet banking/Standing Order payments:

NatWest, Sort Code 56-00-49, Account no 32215517, Ref, Your Name.

Cheques payable to: Exe Hockey Club

www.exehockeyclub.co.uk





Medical information:

Please detail below any important medical information that the club should be aware of (e.g. epilepsy, asthma, diabetes, allergies) Please note the treatment or medication required.

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Emergency contact details:

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

Contact name	
Emergency contact number	

- I understand that if the subscriptions/instalments are not paid/started by the end of September I will no longer be eligible for selection and the amount payable will be increased in line with the schedule on previous page.
- I confirm that the above details are correct and that I agree to abide by the rules of the Club.

Print Name	
Signature	
Date:	

To be completed by parents/guardians of members under 18 years of age.

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 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.
- I understand that photographs of my son/daughter/child in my care may be used in publicity material, newsletters and on the Club website from time to time.

Name of parent/carer (print)	
Signature of parent/carer	
Date:	



Club Development

Name	
Contact Number	

Tell us about you and what you want to get more out of your hockey:

Qualifications

We would like to know of any Hockey related qualifications you may have or would be interested in obtaining. Please therefore indicate below:

Course	Yes	No	Tell Me More
Recognised First Aid Qualification			
Coaching Qualification			
Umpiring Qualification			
Other Course			

If you have said yes to any of the above we need to know some more information

Name of Course	Date of Qualification	Expiry Date of Qualification	How you got the qualification

Is there anything that you would specifically like to achieve out of this season, progression to the next team, improve a specific skill? Let us know and we'll see if we can work this into some training sessions.
