

# NORWICH CITY HOCKEY CLUB

## YOUTH MEMBERSHIP FORM 201\_/201\_

|                                                                                                |        |        |
|------------------------------------------------------------------------------------------------|--------|--------|
| SURNAME:                                                                                       |        |        |
| CHRISTIAN NAMES:                                                                               |        |        |
| ADDRESS:                                                                                       |        |        |
|                                                                                                |        |        |
|                                                                                                |        |        |
|                                                                                                |        |        |
| POSTCODE:                                                                                      |        |        |
| TELEPHONE NO:                                                                                  | HOME   | MOBILE |
| E-MAIL ADDRESS:                                                                                |        |        |
| DATE OF BIRTH & BIRTHPLACE                                                                     |        |        |
| SCHOOL                                                                                         |        |        |
| SHIRT NUMBER                                                                                   |        |        |
| MOTHER'S NAME                                                                                  |        |        |
| MOTHER'S CONTACT NO'S                                                                          | HOME   | WORK   |
|                                                                                                | MOBILE |        |
| FATHER'S NAME                                                                                  |        |        |
| FATHER'S CONTACT NO'S                                                                          | HOME   | WORK   |
|                                                                                                | MOBILE |        |
| EMERGENCY CONTACT                                                                              | NAME   |        |
|                                                                                                | HOME   | WORK   |
|                                                                                                | MOBILE |        |
| FAMILY DOCTOR NAME                                                                             |        |        |
| DOCTOR'S SURGERY                                                                               |        |        |
| DOCTOR'S TEL NO.                                                                               |        |        |
| Please detail below any medical conditions (including allergies) and any medication used, etc. |        |        |

**In the event of an emergency, I give authority for medical treatment to be administered to my child.**

\* I give permission for Club coaches/volunteers to transport my son/daughter to or from matches      YES/NO

\* If my son/daughter plays for a senior team, I give permission for him/her to use the same changing room as adult members of the same sex if he/she wishes to do so      YES/NO

\* I give permission for photographs of my son engaged in hockey activities to be used in club, county and national hockey publications, displays or websites or in the local press solely to promote a positive image of young people playing hockey.      YES/NO

**Signed** \_\_\_\_\_.(Parent or Guardian)

**Date** \_\_\_\_\_.

**Please return this completed form to Guy Thrower, Summer Place, High Street, Ludham, Gt Yarmouth,NR29 5QQ**

Cheques should be made payable to "Norwich City Hockey Club"

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| ETHNICITY OF CLUB MEMBERS            |  |
|--------------------------------------|--|
| White British                        |  |
| White Irish                          |  |
| White Other                          |  |
| Mixed – White and Black Caribbean    |  |
| Mixed – White and Black African      |  |
| Mixed – White and Asian              |  |
| Mixed – Other                        |  |
| Asian or Asian British – Indian      |  |
| Asian or Asian British – Pakistani   |  |
| Asian or Asian British – Bangladeshi |  |
| Asian or Asian British – Other       |  |
| Black or Black British – Caribbean   |  |
| Black or Black British – African     |  |
| Black or Black British – Other       |  |
| Chinese                              |  |
| Other Ethnic Group                   |  |

**Please place a X in the appropriate box**

| DISABILITY OF CLUB MEMBERS |  |
|----------------------------|--|
| Deaf                       |  |
| Visually Impaired          |  |
| Hearing Impaired           |  |
| Physical disability        |  |
| Learning disability        |  |
| Multiple disability        |  |

**Please place a X in the appropriate box**

Please note that we may use your email address for communicating with you about activities and events relating to Norwich City Hockey Club ONLY, and it will not be used or sold on for any other use.

Please complete the above information as it is required by ourselves, England Hockey and Sport England for use with funding applications.

Thankyou.

w. <http://www.norwichcityhc.co.uk>  
e. [membership@norwichcityhc.co.uk](mailto:membership@norwichcityhc.co.uk)

Please return completed form and payment to (cheques payable to “Norwich City Hockey Club”)  
**Guy Thrower, Summer Place, High Street, Ludham, Gt Yarmouth, NR29 5QQ**