

GENESIS HOCKEY CLUB

Membership Form 2010 - 2011 for All Youth Members

PLEASE USE BLOCK CAPITALS WHEN FILLING OUT THE FORM

CONTACT INFORMATION Mobile (Youth Member)

Name of Youth Member _____

Address _____

_____ Date of Birth _____

Telephone – Home _____ - Mobile (Youth Member) _____

Telephone – Mobile Parent/Guardian (in case of emergency) _____

E-MAIL Youth Member _____

E-MAIL Parent/Guardian _____

School _____ Class (Sept 2010) _____

Team (if applicable) _____

MEDICAL HISTORY INFORMATION (details of any known allergies, conditions, medications, special needs etc. and anything else that we should know of)

In the event of illness, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

PARENTAL/GUARDIAN CONSENT

I am the Parent/Guardian of _____

Photographs/video

I understand that photographs or video pictures may be taken during or at hockey related events and may be used in the promotion of hockey or for training/coaching purposes.

I hereby consent to the above child(ren) participating in hockey activities in line with the Code of Ethics for Hockey for Young People.

I will inform the youth coordinator of my children's activity of any changes to the information above.

I confirm that all details are correct and I am able to give parental consent for my child(ren) to participate in and travel to all activities.

SIGNATURE _____ Date ____/____/____

SIGNED NAME _____

Please return this Membership Form before 28th March 2010 along with a cheque for €125 made payable to Genesis Hockey Club Colts to: Genesis Colts, c/o Ms Hilary Thompson 33 Hillcourt park, Glengeary, Co Dublin.