



STOCKPORT HOCKEY DEVELOPMENT GROUP PLAYER REGISTRATION FORM 2006

The information you provide in this form is used by the Development Group for the purpose of ensuring that it continues to provide activities that are open and accessible to all sections of the community. We handle personal data in accordance with the Data Protection Act 2000.

First Name:

Surname:

Address:

Date of Birth

Postcode:

Male
Female

Current School attended:

Year:

Ethnicity (please tick most appropriate)

Asian or Asian British

Chinese

White Background

Black or Black British

Mixed Background

Other ethnic group

Sports Information

Has your child taken part in this sport before.

Yes

No

If Yes - Where?

School

Club

Coaching Programme

Holiday Play Scheme

Other

Does your child belong to a club in this Sport

Yes

No

If Yes - which one?

There may well be official photographers and camera crews at the coaching. They will be complying with strict child protection guidelines. If you do not wish for your child's image to be used in future promotions you may view the image library after the event to identify images of your child.

These images will then be destroyed. If you wish to do this please tick here and we will contact you.

FOR OFFICIAL USE ONLY

Borough: Stockport

Sport: Hockey -

A/Grp:

Activity Stage:

D/base:

Medical/Health Details			
Does your child suffer from any of the following?	Asthma	Migraines	Diabetes
	Epilepsy	Heart problems	Skin Problems
	Fainting	Concussions	Allergies (please give details)
	Other;		
Is your child currently on medication?	Yes	If yes, please specify:-	
	No		
Does your child have any sporting injuries?	Yes	If yes, please specify:-	
	No		
Please detail any further relevant information			

Do you consider your child to have a disability. Yes No
 If Yes, what is the nature of the disability? (Please tick and give brief details)

Hearing Impairment	
Learning Difficulty	
Physical Impairment	
Visual Impairment	
Other (please specify)	

In case of emergency, we will need to contact a responsible adult, please give details.	
Name:	Telephone Numbers
Relationship to participant:	Home:
	Mobile:
	Other:

<i>I understand that by completing and submitting this form I am giving my consent for my child to participate in the relevant activity. Furthermore, I understand that should medical treatment be necessary, every reasonable effort will be made to obtain the consent of the emergency contact named above. However, in an emergency, I authorise the coaches to consent on my behalf to any medical treatment, which a qualified doctor feels is necessary (this could include inoculations, blood transfusions, surgery or the use of anaesthetics).</i>	
Name:	(Parent, Guardian, Carer)
Signed:	Date: