



## MEMBERSHIP FORM : Season 2016/2017

We are very pleased to welcome you to the Cottenham Roller Hockey Club. To ensure we have the correct contact details for you, please fill out this form and give it back to Paula Johnson, Membership Secretary.

If you are under 16 please also ask your parents or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

### Personal details

Name:

Address:

Postcode:

Home tel number:

Mobile:

Email:

Date of birth:

### Sporting information (New Players Only)

Have you played roller hockey before? Yes  No

If yes, where have you played the sport: (please indicate below)

Primary school

Secondary school

Roller Hockey Club



### Medical information

Please detail below any important medical information that our coaches/junior coordinator should be aware of (eg epilepsy, asthma, diabetes, allergies, etc.)

### Emergency contact details; to be completed by the parent/carer

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

Contact name e.g. parent/carer:

Emergency contact number:

**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 of tournaments.**

**I understand in the event of injury or illness all reasonable steps will be taken to contact me, and I agree/do not agree\* that the club deals with that injury/illness appropriately (administer first aid, ice/spray or call for appropriate medical aid).**

**I do/not agree\* for my child to be photographed for Club/NRHA/ECRHA purposes (\*delete as appropriate)**

Name of parent/carer:

Signature of parent/carer:

Date:

### Checklist

Club Fees £20/£12(siblings)  Second Claim player + training £15

NRHA Fees £20(U11) £35(U13/15/17) £50 (Senior/U20)

Two cheques enclosed for £ ..... Club

£ ..... NRHA



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