

## Player Registration Form 2009/10

**To be completed by ALL players attending the assessment day and development sessions.**

<b>Player Details:</b>		
Name:		
Address:		
		Postcode:
Tel:	Mobile:	
e-mail:		
Hockey Club:	School:	
Date of Birth:	Age:	School Year:

<b>Emergency contact details:</b>
Parents/Guardians full names:
Emergency contact number: Mobile:

<b>U18 Parental Consent</b> <b>(To be completed by parent/guardian of all U18 members * delete as appropriate)</b>
Please tick these boxes to indicate your consent:  <input type="checkbox"/> I am pleased to allow my son/daughter* to participate in Suffolk fixtures and training. I consider my son/daughter* to be physically fit and capable of full participation, but in the event that he/she* is injured when I am not present, I give my permission for First Aiders to obtain appropriate medical treatment on his/her* behalf.  <input type="checkbox"/> I consent to photographs/film footage being taken of my son/daughter* on behalf of Suffolk Schools Hockey Association, Suffolk Sport or England Hockey to be used in local press & on their websites & by their partners.  <input type="checkbox"/> I consent to my son/daughter being transported by the team manager/coaches or other parents in the event that I am not able to travel with my child to an away fixture/event.  <input type="checkbox"/> I consent to my son/daughters details being held by Suffolk Schools Hockey Association and shared with England Hockey and Suffolk Sport.  Does your child have any medical conditions that we need to be aware of? If so please state below (include any medication and allergies) _____ _____ _____
Signed: _____ (Parent/Guardian) Date: __ / __ / __

