



**WAVERLEY
INVERESK
TRINITY HOCKEY CLUB**

UNDER 18 REGISTRATION FORM

Dear Parent/Guardian

A Warm Welcome to Waverley Inveresk Trinity Hockey Club.

For the 2011-12 season we have made our forms available to fill out electronically. However, we still require you to sign a few sections. These are described below:

Emergency Medical/Dental Treatment

This section is your consent to allow your child to receive emergency medical treatment which could include blood transfusion. There are two statements and you need only sign one.

Use of Photographs, Film or Video Recording

This section is your consent to the club using photographs or videos of your child's involvement in training/matches /team photos. Both you and your child have the opportunity to provide consent. We would not use any material without both your consents.

I look forward to meeting you at Bangholm in the near future.

A handwritten signature in cursive script that reads 'Neil'.

Neil Shaw
President





PERSONAL DETAILS

PLAYERS NAME

ADDRESS

POSTCODE

DATE OF BIRTH

TELEPHONE (HOME)

TELEPHONE (MOBILE)

EMAIL

MEMBERSHIP CATEGORY

For the season 2011-12 the membership fees are as follows:

U18	£80
U16	£40
U14	£25

Please select the most appropriate category for your circumstances below

U18

U16

U14

METHODS OF PAYMENT

Please select method of payment

SINGLE PAYMENT OF £

STANDING ORDER payments of £

Please make cheques payable to "Waverley Inveresk Trinity Hockey Club"

If paying by standing order, please obtain a form from your bank, complete and return to our Treasurer. The club account details are as follows:

Bank of Scotland
75 George Street
Edinburgh
EH2 3EW

Sort Code: 80-11-10

Account Number: 06000440

Please send completed forms together with payment to:

**Kevan Slater
16 Trinity Crescent
Edinburgh
EH5 3ED**





EMERGENCY CONTACT DETAILS

PARENT/GUARDIAN NAMES

RELATIONSHIP TO CHILD

TELEPHONE (HOME)

EMAIL

TELEPHONE (MOBILE)

EMERGENCY CONTACT NAME

EMERGENCY CONTACT NUMBER

MEDICAL DETAILS

Please select as appropriate

ASTHMA

DIABETES

EPILEPSY

OTHER

NONE

PLEASE PROVIDE ADDITIONAL INFORMATION

BLOOD TYPE

PLEASE SPECIFY ANY MEDICATION OR TREATMENT REQUIRED

PLEASE SPECIFY ANY EXISTING INJURIES (INCLUDING WHEN INJURY SUSTAINED AND TREATMENT RECEIVED)

PLEASE SPECIFY ANY ALLERGIES



EMERGENCY MEDICAL / DENTAL TREATMENT

Please read carefully the following alternative statements of medical / dental consent detailed below, and sign that statement which more accurately reflects their wishes in respect of emergency medical / dental treatment.

Please sign either a) or b) but not both.

- a) I agree to my child receiving emergency medical / dental treatment **INCLUDING BLOOD TRANSFUSION / anaesthetic** as considered necessary by the medical / dental authorities present.

Signed

Print Name

Relationship to Child

Date

- b) I agree to my child receiving emergency medical / dental treatment / anaesthetic, as considered necessary by the medical / dental authorities present **WITH THE EXCEPTION OF THE ADMINISTRATION OF BLOOD OR BLOOD PRODUCTS.**

I accept full legal responsibility for this decision and release The Scottish Hockey Union and Waverley Inveresk Trinity Hockey Club coaches/managers from any liability for any consequences resulting from my decision not to consent to the transfusion of blood or blood products.

My child carries an advance medical directive document which informs the appropriate medical authorities accordingly.

Signed

Print Name

Relationship to Child

Date

USE OF PHOTOGRAPHS, FILM OR VIDEO RECORDINGS

Waverley Inveresk Trinity Hockey Club is committed to the protection of children and vulnerable adults involved in sport.

In accordance with our Child and Vulnerable Adults Protection Policy and Procedures where possible we will not permit photographs, film, video or other images of children or vulnerable adults to be taken or used without the consent of the child/vulnerable adult and their parents/guardians or carers.

Waverley Inveresk Trinity Hockey Club will take all reasonable measures to ensure these images are used solely for the purposes for which they are intended. If you become aware these images are being used inappropriately you should inform the Waverley Inveresk Trinity Hockey Club Child and Vulnerable Adult Officer immediately.

Waverley Inveresk Trinity Hockey Club reserve the right at all times to prohibit the use of photography, film or video at any activity with which it is associated.

Player

I consent to photographing, filming or videoing my involvement in Waverley Inveresk Trinity Hockey Club training/matches/team photos. These may appear on the Waverley Inveresk Trinity Hockey Club website (www.wit-hockey.com), Facebook, Newsletter or other documentation.

Signature

Print Name

Date

Parent/Guardian/Carer

I consent to photographing, filming or videoing my son/daughter's involvement in East District Hockey training / matches/team photos.

Signature

Print Name

Date

Relationship to child