

PLEASE SIGN HERE	<input type="checkbox"/> I understand and I am happy that photographs may be taken during coaching and/or matches and may be used in publicity materials for Stockport Hockey Club, including our newsletter and website.
	<input type="checkbox"/> I do not wish photographs to be taken of me and request that photographers are made aware of my wishes.
	Signature
	If you are aged Under 16 your Parent or Guardian must also provide consent:
	Name (Please Print):
	Signature

MEDICAL INFO	Do you suffer from any of the following? (please indicate below):
	<input type="radio"/> Asthma <input type="radio"/> Migraines <input type="radio"/> Diabetes <input type="radio"/> Epilepsy <input type="radio"/> Heart Problems <input type="radio"/> Skin Problems <input type="radio"/> Fainting <input type="radio"/> Allergies <input type="radio"/> Other (please specify):
	Are you currently on medication? <input type="radio"/> Yes <input type="radio"/> No
	If you have answered 'yes' please provide details

We encourage all players to show an active involvement in the organisation of Stockport Hockey Club. Please indicate areas below in which you may be able to assist.

- Sponsorship/Fundraising Transport to Matches Coaching Assistance Umpiring
 Other, please specify.....

EMERGENCY CONTACTS	Name:	Name:
	Relationship to you:	Relationship to you:
	Home Telephone:	Home Telephone:
	Mobile Telephone:	Mobile Telephone:
<i>I understand that by completing and submitting this form I am giving my consent that should medical treatment be necessary, every reasonable effort will be made to obtain the consent of the emergency contact(s) named above. However, in an emergency, I authorise the coaches/team captain 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>		

Prompt payment of registration fees and match fees is appreciated by Stockport Hockey Club which is a non-profit making Club that relies on volunteers and funding applications to help meet the costs of running a Hockey Club. Cheques should be made payable to Stockport Hockey Club.

I enclose my registration payment £_____ (please enter amount): Yes No

If you have not enclosed Registration Fees these **must be paid by 31st October, 2008**. If you fail to pay by the due date **there will be an additional administration charge of £10** that will be added to the fees unless you have agreed payment terms with your team captain.

I have read and agree to the Rules for Players and agree that I will pay my registration fees by 31/10/08.

Name: (Parent / Guardian must sign if you are aged U16)
Signature: Date:

We hope you enjoy playing for Stockport Hockey Club!



**STOCKPORT HOCKEY CLUB
SENIOR REGISTRATION FORM 2008/09**