



Durham City Hockey Club

Player Registration Form

Forename(s):			
Surname:		Gender:	Male Female

Date of Birth:		Under 18 at start of season:	Yes No
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Address 1:			
Address 2:			
Address 3:		Postcode:	

Contact Number:	
Contact Mobile:	
Contact Email:	

Next of kin contacts in case of an emergency:			
	Contacts Name	Contacts Number(s)	Relationship
Contact 1			
Contact 2			

PLEASE LIST BELOW ANY HEALTH PROBLEMS OR ALLERGIES THAT YOU ARE AWARE OF:

Please ensure that you keep the club updated of any health issues that may arise in order to help any health professionals in an emergency situation.

The club may take photographs or videos that show you playing hockey or being involved in social events throughout the season and they may be put on the internet to promote the club. This will be on either the club website, Facebook, Twitter, YouTube or other similar site.

If you are happy for the club to do this, please tick here:

I have read and understand the attached Privacy Notice:

Print Name:		Signed:	
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Parent or Guardians signature if player is under 18 at the start of this season.

Print Name:		Signed:	
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