

SHROPSHIRE SCHOOLS' SPORTS & ATHLETICS ASSOCIATION

President : Liz Nicholson

For Official use	Boys /Girls	JDC Venue	Age Group	Payment	JAC	Age Group	Payment

All details will be kept in a secure database with access restricted to authorised county officers only.

SECTION 1: PLAYER INFORMATION. Complete club information if relevant.

FULL NAME		DATE OF BIRTH	
ADDRESS		AGE ON 1/1/09	
		SCHOOL YEAR	
TOWN		SCHOOL PHONE	
POST CODE		SCHOOL	
HOME PHONE		CLUB	
MOBILE PHONE		HOCKEY EXPERIENCE (Please ring)	NONE / SCHOOL / CLUB COUNTY / MIDLANDS
HOME E- MAIL			

SECTION 2: MEDICAL INFORMATION - TO BE COMPLETED BY PARENT OR GUARDIAN

In case of emergency and as part of the Shropshire Hockey Association`s responsibility to its participants, all players are required to complete the medical information accurately and with as much detail as possible.

NEXT OF KIN 1		RELATIONSHIP 1		MOBILE PHONE	
NEXT OF KIN 2		RELATIONSHIP 2		MOBILE PHONE	
DOCTORS NAME		PRACTICE		PHONE	

If you suffer from asthma /hay fever please give details of how badly you are affected. It is your responsibility to have appropriate medication with you and readily available.

As far as you are aware are you allergic to any drugs, foods or insect stings? (Please state)

Are you taking any regular medication? If so what and for what reason?

Don Gibbons
Chairman

Paul Sanderson
Vice Chairman

Peter Haile
Hon. Treasurer

Alan Penton
Secretary



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Do you have any long term illnesses, injuries or a medical condition?					
I consider the player named above to be physically fit and capable of full participation and agree to notify the county of any changes to the medical information provided. In the event that the named player is injured I give my permission for the team managers/coaches appointed by the county to obtain emergency medical treatment on my behalf.					
SIGNED PARENT OR GUARDIAN		DATE		RELATIONSHIP	

PLEASE TURN OVER

SECTION 3: UNDER 18 PLAYER CONSENT - TO BE COMPLETED BY PARENT OR GUARDIAN

It is a requirement of county policy that parental consent is provided for participation, transportation and photography. The county Code of Conduct and Safeguarding and Protecting Young People in Hockey Policy and Photography Policy are available on the county web site.

PARTICIPATION: Coaches at the centres will be qualified coaches or teachers. Managers may be other responsible adults such as parents of players. **I give consent for** the named player to participate in activities organised by Shropshire Hockey Association.

TRANSPORTATION: I give consent for the named player to travel to venues for matches and training using transport provided by the county which may include travelling in private cars driven by parents or officials. Transport to fixtures is more usually by coach or minibus.

PHOTOGRAPHY: In some environments it is impossible to control photography by external parties, however, there may be times that photographs and/or footage maybe taken during matches and training sessions by approved agents and/or officers of the county. Such images shall only be used for publicity/training purposes in accordance with the county Safeguarding and Protecting Young People in Hockey Policy and Photography Policy. **I give consent** for the named player to feature in such photos/ images. **I hereby only grant** approved agents the right to use the images resulting from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes ie local newspapers, local magazines, other promotional articles (inc. flyers) and the county website.

If there are any reasons that the named player should not be exposed to any publicity please indicate here and/or clarify with a county official.

DETAILS: I consent to the player details being passed onto Regional and National Associations

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Please sign below to give consent for Participation/Transportation/Photography/Details

SIGNED PARENT OR GUARDIAN		DATE		RELATIONSHIP	
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SECTION 4: ETHNICITY & DISABILITY

Whilst it is not compulsory for the following section to be completed, inequalities have existed within sport particularly in relation to gender, race and disability. Sport can and does play a major role in promoting the inclusion of all groups in society. This information can help governing bodies identify issues and develop strategies to ensure that all people have the opportunity in the future to develop and progress in sport. PLEASE TICK THE BOX THAT BEST DESCRIBES YOUR ETHNICITY AND ANY LEARNING OR PHYSICAL DISABILITIES

ETHNICITY OF YOUNG PLAYERS				DISABILITY	
	TICK BOX		TICK BOX		TICK BOX
White British		Asian or Asian British - Pakistani			
White Irish		Asian or Asian British - Bangladeshi		Deaf	
White Other		Asian or Asian British – Other		Visually impaired	
Mixed – White and Black Caribbean		Black or Black British – Caribbean		Hearing impaired	
Mixed – White and Black African		Black or Black British – African		Physical disability	
Mixed – White and Asian		Black or Black British – Other		Learning disability	
Mixed – Other		Chinese		Multiple disability	
Asian or Asian British - Indian		Other Ethnic Group		Other	

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Please complete and sign this registration and consent form and bring with you to the first coaching session

PLEASE TURN OVER

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Chairman

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Vice Chairman

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Hon. Treasurer

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