



FRAMLINGHAM HOCKEY CLUB 2017 / 2018

ADULT PLAYER REGISTRATION FORM



Payment must be made by 31st October 2017. Payment after this date will incur a £5 additional admin charge and priority for team selection will be given to fully paid up members.

| | |
|-----------------------|--|
| Surname | |
| First Name | |
| Address | |
| | |
| Postcode | |
| Telephone Home | |
| Telephone Work | |
| Mobile | |
| Fax | |
| E-Mail | |

| | | |
|--------------------|---|--|
| ADULT (18 or over) | In full time or part time work | £80.00 plus match fees £8 per game |
| ADULT (18 or over) | 1. Student 2. Unemployed | £50.00 plus match fees £4 per game |
| Under 18's | Please use the Junior's Membership form | |

Please make cheques payable to: FRAMLINGHAM HOCKEY CLUB and return to your captain or Melissa Rodwell (Members secretary), 11 Crownfields, Ufford. Suffolk. IP13 6EY

PLAYING POSITIONS :

1st Choice
2nd Choice
3rd Choice

Medical Consent

I wish to participate in hockey fixtures, coaching and training sessions. I consider myself to be physically fit and capable of full participation. I give my permission for the team captain, or their substitute, to obtain emergency medical treatment on my behalf.

| |
|--|
| Relevant medical conditions or allergies? Please state below |
| |
| Regular medication or treatment? Please give details below |
| |
| Date of Tetanus vaccination? |
| |
| I will inform the membership secretary of any changes to the details given above. |
| I am happy for my details to be shared with third parties approved by the club committee. |
| (If not please tick the following box) <input type="checkbox"/> |
| Signed : _____ Date : _____ |