



## Registration Form 2018 - 2019 Season

Please fill out this form and return with the appropriate fee by **Wednesday 31<sup>st</sup> October 2018**.

### Members Details

Senior Member Name (over 18 adult): \_\_\_\_\_

Parent/Guardian Names (for children under 18 years): \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mob. No. 1: \_\_\_\_\_ Mob. No.2: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name:	Date of Birth:	School:	Class / Year:

(please tick one)  Junior Members / Waterford Hockey Academy  Stradbally Hockey Academy

Does your child have any significant medical history or have any special need requirements?

\_\_\_\_\_  
\_\_\_\_\_

### Returning Membership Forms & Fees

Please see [www.waterfordhockeyclub.com/taking-up-hockey/membership-fees/](http://www.waterfordhockeyclub.com/taking-up-hockey/membership-fees/) for full details.

If you are paying by online banking, please print a copy of your online transfer as proof of payment.

This completed Registration Form together with your printed online banking transfer proof of payment can be scanned and emailed directly to the club Treasurer, Hanorah O'Leary, at [hanoraholeary@gmail.com](mailto:hanoraholeary@gmail.com).

Alternatively, please enclose this completed Registration Form along with the membership fees payment (or printed online banking transfer proof of payment) in an envelope. Place the member's name(s) clearly on the front of the envelope. Envelopes should be handed to the Treasurer, your team captain or coach, the Youth Hockey or Academy Coordinators, or any Committee Member.

Receipts can be issued to you on request.

Membership fees enclosed/transferred: € \_\_\_\_\_  Cash  Cheque  Online transfer (please tick one)

Payee Account Name: **Waterford Hockey Club** IBAN: **IE33 IPBS 9906 3500 4271 01** BIC: **IPBSIE2D**

Reference '*member's surname*' used in online banking transfer: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Page 1 of 2

## **Codes of Conduct**

Please read the appropriate 'WHC Players Code of Conduct', 'WHC Young Players Code of Conduct' and 'WHC Parents Code of Conduct' documents available on our website in the [www.waterfordhockeyclub.com/about-whc/forms/](http://www.waterfordhockeyclub.com/about-whc/forms/) section.

*I have read and agree to abide by the Codes of Conduct.*

**Senior Member Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Young Player(s) Signature: Child 1:** \_\_\_\_\_ **Child 2:** \_\_\_\_\_

**Child 3:** \_\_\_\_\_

## **Medical Consent**

In the event of illness or injury, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**Parent/Guardian Signature:** \_\_\_\_\_

## **General Data Protection Regulation (GDPR) Consent**

Waterford Hockey Club is committed to protecting and respecting your privacy in compliance with the Data Protection Acts 1998, 2003 and as amended by GDPR 2018. The personal data you supply will be used for the operation of the club. This will be shared with the relevant club representatives, the Munster Branch of Hockey Ireland and Hockey Ireland. We may also use photographic and video data for the promotion of hockey by our club. We are committed to ensuring that our members' data is held securely by us.

*I consent to Waterford Hockey Club holding and processing the personal data I supply to them, including photographic and video data that I may feature in. I also consent to being contacted from time to time about club related events and activities.*

**Senior Member Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Young Player(s) Signature: Child 1:** \_\_\_\_\_ **Child 2:** \_\_\_\_\_

**Child 3:** \_\_\_\_\_