



Uddingston Hockey Club



MEMBERSHIP APPLICATION / SAFE IN CARE CONSENT FORM

Please return completed forms to:

For more information contact:

Uddingston Hockey Club
Bothwell Castle Policies, Castle Av
Uddingston, G71 7HJ

Youth Convenor - Ross McWilliams
uddingstonhc.youth@gmail.com
07415 129372

Child's Name:	
Gender:	Female / Male
Date of Birth:	(D) / (M) / (Y)
Parent/Guardian Name:	
Address:	
Parent/Guardian Email:	
Parent/Guardian Mobile:	
Parent/Guardian Landline:	

This form should be completed for all players however membership payment is only required if the player wishes to join the club and play competitive matches, which mainly take place on Sundays. All players welcome to train without joining the club.

First time members offer. Any player that joins the club for the first time will be given their club fees back in club kit including a windbreaker, playing top, shorts and socks that should be ordered with this form. Please note required sizes below.

XXS / 6yrs/ XS / 8yrs / (h) 128cm / (c) 28/30	S / 10yrs / (h) 140cm / (c) 30/32 M / 12yrs / (h) 152cm / (c) 32/34	Socks - Shorts -	Top - Windbreaker -
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Parent: I enclose a cheque made payable to 'Uddingston Hockey Club' for £50. (On the back of the cheque please write participant's name and school.) Please call Ross McWilliams our Youth Convenor to discuss alternative payment methods.

I understand that whilst the organisers and coaches will take every precaution necessary, they cannot be held responsible for any injury or otherwise, however caused, to the above named. I have read and completed the attached **Safe in Care Consent Form** and as parent/guardian of the above named child agree to the code of conduct that is set out by Uddingston Hockey Club for their activities. I understand the procedures and the outcomes involved and I am in agreement that these procedures should be carried out.

Parent/Guardian Signature:	Date: ____/____/____
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Child: I agree to abide by the rules set out in the attached **Safe in Care Consent Form** by Uddingston Hockey Club for their activity and I am aware that any breach of this code will incur action taken by the appropriate agencies.

Child Signature:	Date: ____/____/____
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Safe in Care Consent Form

Uddingston Hockey Club Partnership with Parents and Players

Uddingston Hockey Club values the involvement of children in our sport. We are committed to ensuring that all children have fun and stay safe whilst participating in Hockey.

To help us fulfil our joint responsibilities for keeping children safe Uddingston Hockey Club has introduced Safe in Care Guidelines. These guidelines tell you what you can expect from us when your child participates in Hockey and details the information we need from you to help us keep your child safe.

We need you to complete this form (including parts **1-4**) and to let us know as soon as possible if any of the information changes. All information will be treated with sensitivity, respect and will only be shared with those who

MEDICAL INFORMATION & CONSENT (Part 4)

need to know e.g. a team manager or first aider.

Name of Child:

I am aware of the Safe in Care Guidelines for Hockey and agree to work in partnership with Uddingston Hockey Club

Date of Birth: _____ / (M) _____ / (Y) _____
to promote my child's safe participation in hockey.

Emergency Contact Name: _____
I understand Uddingston Hockey Club will listen to the views of my child in relation to all matters affecting them and require to respect my child's ability to give their own informed consent.

Emergency Phone Number: _____

TRANSPORTATION OF CHILDREN (Part 1)

I CONSENT / I DO NOT CONSENT (delete as appropriate) to my child being transported by persons representing Uddingston Hockey Club or one of its individual members or affiliated clubs for the purposes of taking part in the above activity.

I understand Uddingston Hockey Club will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children.

PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE) (Part 2)

Your child may be photographed or filmed when participating in Uddingston Hockey Club activity. All reasonable steps will be taken to obtain parental consent. In the absence of any explicit objection, those responsible will act in the best interests of the child which may include assuming parental agreement for the above reasons.

I CONSENT / I DO NOT CONSENT (delete as appropriate) for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in Uddingston Hockey Club Safe in Care Guidelines (Promotion, Performance Analysis, Reporting, etc)

CODE OF CONDUCT & PROCEDURES (Part 3)

A breach of the following will be deemed serious. The coaching staff will deal with any minor rules broken.

- Leaving of the sports/residential grounds without the organisers/coaches permission
- Causing deliberate damage or defacing any piece of furniture or equipment
- No female or male will be able to enter areas that host the opposite sex.
- Any part of the person beyond the point of the threshold will be deemed inside.
- Verbally abusing any participant, coach or any facility-centre-staff member.
- Physically abusing any participant or any other person at or around the facility.
- Taking of any form of alcohol or any illegal substances.
- Breaking of any curfew rulings that are clearly stated by staff, unless due to illness or use of any toilet
- Breaking of any curfew/quiet time ruling made by any staff.
- Breaking the rules set out by the centre.

Emergency Email:	
General Practitioner Name:	
GP Telephone Contact:	
Address of GP:	

Any pre-existing medical conditions that may affect the child's participation in hockey:	
Any medication or treatment required:	
Any existing injuries (Include when injury sustained and treatment received):	
Allergies, including allergies to medication:	
I consent to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary. I undertake to inform Uddingston Hockey Club should any of the information contained in this form change.	
Guardian Signature:	Date: ____/____/____
Print Name:	Relationship: