



# OLD KINGSTONIAN HOCKEY CLUB - JUNIORS

## PARTICIPANT REGISTRATION FORM – Season 2009-2010

### PERSONAL DETAILS OF PARTICIPANT

Name:		Gender:	Male / Female
Address:			
		Postcode:	
Home Telephone Number:			
Email:			
Date of Birth:		Age:	
School:			
Age Group Attending:	Under 10s / Under 12s / Under 14s (as of 1 January 2010)		

### EMERGENCY CONTACT DETAILS

*In case of an emergency during the activity, please could you write down a contact name and telephone number in addition to your own.*

Name:		Relationship to participant:	
Telephone Numbers:	Home:	Mobile:	

### MEDICAL INFORMATION

Please tick if you suffer from any of the following:	Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Fainting	<input type="checkbox"/>
Are there any medical details you feel we should know about?:								
Might your child bring medication during their time at the activity?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:								
*No medication will be administered without signed detailed instructions.								
<input type="checkbox"/> Please TICK if you give your consent for Emergency medical treatment to be administered.								

## DISABILITY

The Disability discrimination Act 1995 defines a disabled person as anyone with “a physical or mental impairment that has substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities”.

Do you consider yourself to have a disability?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
VI	Visual Impairment	<input type="checkbox"/>	HI	Hearing Impairment	<input type="checkbox"/>	P D	Physical Disability	<input type="checkbox"/>	
LD	Learning Difficulty	<input type="checkbox"/>	MD	Multiple Disability	<input type="checkbox"/>	O	Other (please specify):		

## SIGN OUT PROCEDURE

Do you give permission for your child to sign out and leave on their own at the end of the session/activity? (please tick):	
<input type="checkbox"/> Yes	<input type="checkbox"/> No - Child must be collected by parent.
N.B. The course leader must be informed if child is to be collected by someone other than yourself.	

## CONSENT FROM PARENTS

My child is in good health and I consider him/her capable of taking part in the organised activity. I have completed the medical details and consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics.

I also understand that Junior players must wear gum shields and shin pads for their own protection and whilst all Old Kingstonian coaches and personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to my child.

I am aware photographs may occasionally be taken by OKHC staff for use in publicity material. If you do not wish your child's photograph to be used in this way please tick this box:

Parent/Guardian Name:	(please print)
(must be person with legal parental responsibility)	
Signature of Parent/Guardian:	

Please make cheques payable to OKHC for £80 and send it along with this booking form to:

Karen Booth, OKHC, c/o 64 Woodlands Road, SURBITON, Surrey, KT6 6PY  
Or email: [karen\\_d\\_booth@yahoo.co.uk](mailto:karen_d_booth@yahoo.co.uk)

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