# SLYH

Growing youth participation in hockey

SOUTH LEICESTER YOUTH HOCKEY

## South Leicester Youth Hockey (SLYH) Membership Form

### SECTION 1: PARTICIPANT DETAILS

| | |
|---|---|
| **Full name:** | |
| **Date of Birth:** | |
| **Home address:** | |
| **School:** | |
| **Hockey Club:** | |

### SECTION 2: PARENT/CARER DETAILS

| | |
|---|---|
| **Full name:** | |
| **Relationship:** | |
| **Address (if different):** | |
| **Phone number(s):** | |
| **Email-address:** | |

### SECTION 3: ADDITIONAL SUPPORT

Please detail below any disability and/or any additional support that may be required from the coaching team.

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## SECTION 4: MEDICAL INFORMATION

Please detail below any important medical information of which our coaching team should be aware (e.g. epilepsy, asthma, diabetes, allergies, etc.) **Please do not leave blank** – if there is no information please write 'None'.

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|---|
| |

☐ *I consent to my special category personal data provided in sections 3 and 4 to be shared with coaches for the purposes of the delivery of my child's safe participation in club activity. This data will not be shared or processed for any other purpose.*

## SECTION 5: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate up to four persons who should be contacted in event of an emergency.

| | Emergency Contact Name | Relationship | Contact number |
|---|---|---|---|
| **1** | | | |
| **2** | | | |
| **3** | | | |
| **4** | | | |

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## SECTION 6: PHOTOGRAPHY & VIDEO CONSENT

SLYH recognises the need to ensure the welfare and safety of all young people in hockey.

In accordance with England Hockey child protection policy and procedures, we will not permit photographs, video or other images of children to be taken without the consent of the parents/carers and the children.

SLYH will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the Club Welfare Officer immediately.

I (parent/carer) consent to SLYH or a photographer appointed by the club photographing or filming my child's involvement in hockey for the purposes of publicising and promoting SLYH or hockey, or as a coaching aid only.

| | | | |
|---|---|---|---|
| **Print name:** | | | |
| **Relationship:** | | | |
| **Signature:** | | **Date:** | |

## SECTION 7: CLUB PRIVACY STATEMENT & COMMUNICATION PREFERENCES

SLYH takes the protection of the data that we hold about you as a member seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with current and future UK data protection legislation.

Please read the full privacy notice carefully to see how SLYH will treat the personal information that you provide to us. We will take reasonable care to keep your information secure and to prevent any unauthorised access.

## SECTION 8: PARENT/CARER AGREEMENT

By returning this completed form, I confirm that I have read an understood the privacy statement and how data will be used and shared and am willing to abide by the SLYH code of conduct for players and parents.

| | | | |
|---|---|---|---|
| **Print name:** | | | |
| **Relationship:** | | | |
| **Signature:** | | **Date:** | |