



Membership Form 2019/2020

Amount due to qualify for Saturday games selection

Adult (Senior)	£80.00
Unemployed,OAP,Student, Youth	£50.00

Please complete the membership form, PRINTING your details, one letter/number per box.

First Name

Surname

DOB / / (dd/mm/yyyy)

Address

Town

Post Code

Home Tel

Mobile Tel

E-Mail Address

In case of emergency the club would like to hold on contact number of a friend or family member that we can get in touch with. Please fill out the next section if you would like to include an emergency contact.

Telephone No.

Throughout the course of the season there will be opportunity for participants to be photographed. It is the policy of the Hockey Wales and Bridgend Hockey Club that the consent of parents is obtained prior to the taking of photographs that involve athletes under the age of 18. Photographs may be used for publicity purposes at the discretion of the club e.g. BHC's website, press releases etc. The back of this form provides the guidelines set out as part of the child protection policy. If you are under 18 can you get your parent / guardian to sign below to give this permission.

Signature of parent _____ Date _____

Bridgend Hockey Club is committed to providing a safe and happy environment for all those who wish to be involved with the sport. In keeping with this commitment I agree to abide by the rules of Bridgend Hockey Club and the Child Protection Policy. I understand that I may be required to undertake a DBS check if I volunteer to assist with children and/or vulnerable adults.

Signature _____ Date _____

Completed forms should be returned to
Paul Jones, Membership Secretary, 8 Bryn y Telor, Parc Derwen, Bridgend. CF35 6FU