



# CAMBRIDGE CITY JUNIOR HOCKEY CLUB

www.ccjhc.co.uk

## 2008-2009 SEASON – U11s



### REGISTRATION & MEDICAL AUTHORISATION FORM

**Data Protection:** Information supplied on this form will be used solely for the purpose of playing hockey. Details may be passed on to coaches and officers within Cambridge City Junior Hockey Club or to officials within Cambridgeshire Hockey or the East Regional Hockey Association for the purposes of player development. **Please complete a separate form for each child.**

NAME OF CHILD ..... DATE OF BIRTH .....

ADDRESS.....

HOME TELEPHONE NO. .... MOBILE NO.....

e-mail (for fixture updates etc.) .....

SCHOOL ..... SCHOOL YEAR .....

EXPERIENCE .....

MEDICAL CONDITIONS (eg asthma, physical disability etc) .....

I agree to my child (child's name) .....taking part in hockey coaching and games and understand that the club carries no insurance against personal injuries. I agree/disagree (*delete as appropriate*) for photographs of my child to be used for publicity purposes of the club.

Signed by parent/guardian .....Date .....

#### HOSPITAL AUTHORISATION

It is considered medical opinion that the sooner some injuries are treated in hospital (eg a dislocation injury when the first 30 minutes are considered vital), the less likely it is that any long term damage may occur. At the moment, should your child have an injury, we as Coaches are unable to give permission for any kind of hospital treatment to take place, should we be unable to contact you. Therefore we would appreciate it if you would sign below, should you wish to give us the authority to get hospital treatment performed on your child if we are unable to contact you before treatment is needed.

I give permission for any hospital treatment considered necessary to take place for my child (child's name)

..... should I not be able to be contacted before treatment is needed.

Hospital Number .....

Signed by parent/guardian ..... Relationship.....

Date ..... Sunday contact tel. no. (if different from above).....

Subscriptions	1 <sup>st</sup> Child	2 <sup>nd</sup> & Subsequent Child	Juniors Playing for Senior Club
Full Season	£50.00	£40.00	60.00
¾ Season (after Autumn half term)	£40.00	£30.00	50.00
½ Season (After Xmas holiday)	£30.00	£20.00	40.00
¼ Season (After Winter half term)	£20.00	£15.00	25.00

I enclose a cheque for the sum of £..... payable to Cambridge City Junior Hockey Club and with child's name on reverse.

I require a C.C.J.H.C. sweatshirt sized: 7/8 @ £8; 9/10 @ £10; 11/12 @ £12; small adult @ £15; medium adult @ £15. *Payment before collect please.*

#### Officers

Chairman/Coach: Mike Mitcham, c/o Mitchams, Berkeley House, Burwell, CB5 0DY,  
T: 01638 741226 E: mike@ccjhc.co.uk

Treasurer/Coach: Roger Wilson, Swilons, 209 Arbury Road, Cambridge, CB4 2JJ  
T: 01223 304630 E: roger@ccjhc.co.uk

