

Isle of Wight Hockey Club
Membership Application for the 2009 - 2010 season

Name	
Home address	
Postcode	

Home phone number	
Mobile phone number	
Email address	

Note - you will receive the majority of information by email unless you put NO in the email box

Age group (if under 18, please give date of birth)				Car Driver
Under 18	18 to 35	Over 40	Over 50	Yes / No
				Use Car -Yes/ No

Please tick the box(es) that best describes you -			
Male		Female	

White		Black or Black British	
Mixed background		Chinese or other ethnic group	
Asian or Asian British			

Do you consider yourself to have a disability?	Yes	No
If yes, what is the nature of the impairment		
Physical Impairment		Learning
Hearing Impairment		Visual Impairment

Medical Information	
(medication/allergies etc...)	

Next of Kin must be completed for Under 18 members

Name	
Contact phone number/details	

Hockey Accreditation/Skills	
Accredited Umpire	Accredited Coach
Non-Accredited Umpire	Non-Accredited Coach
First Aider	Other Accreditation?

Declaration	
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I, the undersigned, agree to the terms and conditions of membership as defined in the Isle of Wight Hockey Club constitution and members definition. I wish to apply for annual membership as a Senior member for the 2009 - 2010 season

Date		Print Name	
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Signature (or of parent/guardian if under 18)	
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