



Clubmark Resource: Youth Membership Form

What is this?

- This is a Youth Membership Form which is used to register members of the youth section of your club at the beginning of each season

Why is it important?

- It is essential to get certain information on your members so that you communicate with them

How can it be used?

- The form can be adapted, changed and altered to suit the needs of your club's youth section
- There are however some essential elements that your club should strongly consider keeping particularly:
 - Parental/guardian consent to take part in club activities
 - Recording of emergency contact details
 - Recording of medical information
 - Parental/guardian consent for photographs and images to be used
- The Code of Conduct for Parents and Young People can also be added to this form as this is a very easy way to capture that information

Thanks go to the following for permission to reproduce and adapt original Clubmark documents to which Hockey Ireland is very grateful:

*Ulster Hockey Union
Sport NI*



INSERT NAME OF CLUB

YOUTH MEMBERSHIP FORM

We are very pleased to welcome you to **INSERT NAME OF CLUB**. To ensure we have the correct contact details for your child, please fill out this form, sign it and give it back to **INSERT YOUTH COORDINATOR**. We will also use this information to ensure that you are kept informed about club events. Anything written on this form will be held in confidence. Our coaches need to know these details in order to meet the specific needs of your child.

Child's Full Name:			
Address:			
Mobile No. (will be used for group text):			
Age:		Date of Birth:	
Gender:	Male Female		
Name of any friend/relative already attending the club			
Emergency contact name:			
Emergency Tel No	Home:		
Emergency Tel No	Mobile:		
If unavailable contact	Name:		
	Tel:		
	Relationship to child:		
GP/Doctor's Name:			
GP/Doctor's Tel No:			
Details of any known special dietary requirement/allergies/disability/medical conditions			
Please provide a brief description of the effects of your disability or medical condition and of any particular needs you or your child may have			



Any other special needs, requirements or instructions that would be helpful for the coaches to know about

* Any contact details given should not be that of the child – this could make children vulnerable and is considered poor practice. For a child/young person these details should be those of the parent/carer.

PARENT/CARER STATEMENT

- I am able to give parental consent* for my child to participate in and travel to all activities. By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.
- I will inform the coaches of any important changes to my child’s health, medication or needs and also of any changes to our address or phone numbers given. In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.
- I have been made aware that **INSERT NAME OF CLUB** has a Code of Ethics structure in place including a Club Children’s Officer and Club Designated Person.
- I understand that **INSERT NAME OF CLUB** is committed to ensuring that any information gathered in relation to our youth teams meets the specific responsibilities as set out in the Data Protection Act 1998. The **INSERT NAME OF CLUB** will store the above information on their youth team’s database for a maximum of 12 months before re-registering the player if still associated with the club.
- I confirm that all details are correct to the best of my knowledge and I am able to give parental consent* for my child to participate in and travel to all activities. By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.
- I understand that I will be kept informed of these activities – for example timing and transport details.
- I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.
- I hereby grant the Club the right to use the photograph(s) resulting from any photo shoot, and any reproductions or adaptations of the photograph(s) for all general purposes in relation to the club’s work including, without limitation, the right to use them in any publicity materials, books, newspapers, websites and magazine articles whenever the club chooses to do so. Names will not accompany any images.





In order to keep the club running smoothly, we would appreciate your help in any way that it can be offered. Please note that we expect all parents to give at least one day to the club voluntarily during the season. There are number of ways you can support the club so please tick the box for areas you would like to help out:

ACTIVITY	YES	NO
Coaching		
Umpiring		
Team Manager		
Collecting money at training sessions		
Driving children to matches		
Running a fundraising event such as quiz night, bag packing etc.		
Organise a social event for the young members		
Any other areas you're interested in (give details)		

The Youth Coordinator will contact you in relation to volunteering. Please note that all volunteers are subject to the Recruitment and Selection procedures of the Code of Ethics for Hockey for Young People.

Name of Child _____

Signature of Parent/Carer _____

Print Name _____

Date _____