**Diagram

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**Cork Harlequins – Hockey Membership**

**Application Form**

**Section 1 - Applicable to all applicants**

**Name:** **Date of Birth:**

**School (if applicable):**  **School Year (Sept of current year):**

**Are you a member of another club:**

**Level of Hockey Previously Played:**

**Preferred Pitch Position: (Goalie, Back, Midfield, Forward)**

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**Are you currently registered with Munster Hockey      𞸀**

**Are you currently registered with Hockey Ireland         𞸀**

**Do you have a family member in the club already or do you have a past connection with the club:**

**Mobile No:** (for those over 18’s years only)

**Email Address:** (for those over 18’s years only)

**Can the club communicate with you via email?**

**Can the club communicate with you via mobile phone?**

**Section 2 – applicable to those who are under 18 year only**

**Parent(s)/Guardian(s)Name:**

**Mobile No**:

**Parent(s)/Guardian(s) Email Address:**

**Child’s Medical Conditions -** It is a Parent(s)/Guardian(s) responsibility to inform Cork Harlequins Coaches of any medical conditions or special needs this child may have.

**Please tick agree if you agree to do so:**

Does your child have an allergy or a medical condition or special needs which we should be aware of? If so please give details of same:

*Please note that all medical information will be kept private and confidential by the associated Coach.*

**In Case of Emergency Contact(s) -** In the event of illness, having legal guardian responsibility, 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 needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment and/or medication.

**Please tick agree if you agree to give your permission:**

**Section 3 – Applicable to all applicants**

**Photo Consent:** I am aware that my photograph or that of my child, or video image may be taken whilst attending or participating in games or activities connected with Cork Harlequins for items such as match programmes, match reports, social media channels associated with the Cork Harlequins

Please tick agree if you agree to give your permission: Yes ⬜ No ⬜

**Section 4 – Applicable to all applicants**

I/We as player/parent(s)/guardian(s) are willing to assist the underage/senior sections with the following:

Coaching⬜ Team Manager/Administrator ⬜ Frist Aider⬜ Match Umpiring⬜ Saturday morning’s teas and coffees ⬜

Saturday morning’s car park assistance ⬜

Club Fundraising⬜ Other⬜

**Section 5 – Applicable to all applicants**

I have read and I understand the Cork Harlequins Code of Conduct for players and I confirm that I will adhere to this code as a member of Cork Harlequins Hockey Club: Yes No⬜

You acknowledge that by providing data to us, you consent to the processing of your data in accordance with this Privacy Policy Statement which is available on our website [*http://corkharlequins.com/index.php/privacy-policy*](http://corkharlequins.com/index.php/privacy-policy )

**Player Signature**:   **Date:**

**Parent(s)/Guardian(s) Signature(s):** **Date:**

Please note that admission to Cork Harlequins Hockey Club, is at the discretion of the Management Committee and by signing this application form you accept their decision as final and is without recourse.