

# Cambridgeshire Hockey

**Data Protection:** Information supplied on this form will be used for the purpose of playing hockey. Details may be passed on to officials from Cambridgeshire Hockey or the East Regional Hockey Association for the purposes of player development

## Players Information

Name: \_\_\_\_\_

Date of birth: day: \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

(own/parents)

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Any extra emergency contacts: \_\_\_\_\_

School/College: \_\_\_\_\_

Club: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical/Consent Form

As with all sports, playing hockey carries a small risk of injury. All sessions involving young players are run under the guidance of qualified coaches or PE teachers. Please complete the following and return to the County Manager or Coach as soon as possible and before participating in any County team, Assessment or Development activity. If you have any queries please do not hesitate to ask

Parent/Guardian: \_\_\_\_\_

Family Doctor

Address & Phone Number: \_\_\_\_\_

\_\_\_\_\_

Any known medical conditions (including current medication and known allergies) or other factors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to my son/daughter taking part in the activities of Cambridgeshire Hockey

I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed above

I authorise the leader of the party, or any other appropriate Cambridgeshire Hockey Official accompanying the party to consent to such medical treatment which in the opinion of a qualified medical practitioner may be necessary during any period when my son/daughter is with the County and away from direct parent/Guardian control and direction.

I do/ do not agree to my son/daughter being photographed/videoed while involved in County hockey

Signed: \_\_\_\_\_

## Cambs Hockey Equity Monitoring

It is **not compulsory** to complete this part of the form.

*Cambs Hockey, is committed to promoting and developing fairness in sport and ensuring equality of access. By monitoring the profile of people taking part in Cambs Hockey activities, we can identify and address any issues relating to under-representation of different groups to ensure that all young people have the opportunity to develop and progress in sport.*

**What is your ethnic group? Please tick the appropriate box.**

**W** White

- W1 British
- W2 Irish
- W3 Other

**D** Dual

- D1 White and Black Caribbean
- D2 White and Black African
- D3 White and Asian
- D4 Other

**A** Asian or British Asian

- A1 Indian
- A2 Pakistani
- A3 Bangladeshi
- A4 Other

**B** Black or British Black

- B1 Caribbean
- B2 African
- B3 Other

**C** Chinese or other ethnic group

- C1 Chinese
- C2 Other

### Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with “a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities”.

**Do you consider yourself to have a disability? Yes/ No (please circle)**

If you circled yes please tick the appropriate box:

- VI Visual Impairment
- HI Hearing Impairment
- PD Physical Disability
- LD Learning Disability
- MD Multiple Disability
- O Other