Player Renewal Registration Forms - 2019-2020 Season

(1st August 2019 - 31st July 2020)

|  |  |  |  |
| --- | --- | --- | --- |
| Player First Name |  | Date of Birth(Day/Month/Year) |   / / |
| Player Surname |  | Nationality |  |
| Address (including postcode) |  |
| Primary Parent/Guardian Name |  | Telephone |  |
| Primary Parent/Guardian EmailPlayer email if over 18 |  |

*Please tick the player age group based on their year of birth*

[ ] UNDER 18 (year of birth 2002-2004) @ £60 EIHA registration, + £77 monthly or £877.80\* annually

[ ] UNDER 15 (year of birth 2006 or 2005) @ £60 EIHA registration, + £77 monthly or £877.80\* annually

[ ] UNDER 13 (year of birth 2007 or 2008) @ £60 EIHA registration, + £77 monthly or £877.80\* annually

[ ] UNDER 11 (year of birth 2009 or 2010) @ £60 EIHA registration, + £65 monthly or £741\* annually

[ ] UNDER 9 (year of birth 2011 or later) @ £30 EIHA registration, + £65 monthly or £741 \* annually

*\* Please note - Paying annually in advance for the entire season attracts a 5% discount*

*A sibling discount applies for each additional child from the same immediate family.*

*Tick if applicable to this player.* [ ] £10.00 per month sibling discount.

*Payment*

1. The EIHA annual registration fee must be paid by bank transfer to the club
2. Club subscription fees may be paid;
	* Annually : Bank Transfer (details below), *annual payment attracts a 5% discount*
	* Monthly : On the 1st of the month by Standing Order only. Subs are due 12 months of the year

The club is unable to offer credit facilities and cannot defer payments. Any player in arrears will be unable to train or play in matches until payments are resumed and all arrears cleared and are up to date.

Bank account details for the club are as follows;

Account Name : OCIHC Juniors

Account : 50257540

Sort code : 20 65 18

Parent / Guardian Name / Player (if over 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature / Player (if over 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Medical Consent Form***

|  |  |  |  |
| --- | --- | --- | --- |
| First Name  |  | Surname |  |
| Date of Birth |  | Age  |  |
| Address  |  |
| Parent/Guardian Name for emergency contact  |  | Parent/Guardian Phone No. for emergency contact  |  |
| Parent/Guardian Name for emergency contact |  | Parent/Guardian Phone No. for emergency contact  |  |
| Players Doctors Name  |  | Doctors Phone No.  |  |
| Pre-existing medical conditions or learning difficulties |  | Details of any known allergies |  |

I authorise an official from Oxford Junior Stars Ice Hockey Club to agree to emergency treatment of an injury or illness of my child/myself if qualified medical personnel consider treatment necessary and perform the treatment. This authorisation is granted only if I cannot be reached and a reasonable effort has been made to do so. *(This is a necessary precaution. If you do not accompany your child to training or games, treatment may be delayed without parental consent.)*

My child and I are/am aware that participating in ice hockey is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, effects of the weather, traffic and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

I understand this consent form and agree to its conditions on behalf of my child/myself (if over 18).

Parent / Guardian Name / Player (if over 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature / Player (if over 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Agreement & Photography Consent Form

GENERAL AGREEMENT:

On signing this agreement, you are confirming you have read, fully understood and agree to abide by the rules set out in the polices listed below.

Oxford Junior Stars Ice Hockey Club Rules

Player Code of Conduct

Parent/Guardian Code of Conduct

Child Protection Policy Statement

Equality and Diversity Policy

Changing Room Policy

Mobile Phone Policy

These documents are all available at [www.oxfordjuniorstars.com/policies](www.oxfordjuniorstars.com/policies%20)

PHOTOGRAPHY CONSENT:

From time to time we have photographers asking to take photos of, or film our junior teams during training and whilst they are playing games. We would like parent’s/guardian’s permission to use pictures of your child to help promote ice hockey and our club.

I give permission for photos of my child/myself (if over 18) to be used for publicity purposes to help to promote Oxford Junior Stars Ice Hockey Club and the game of ice hockey in any media format deemed suitable and appropriate by the club committee. I also agree for team photos that include my child/myself (if over 18) to be placed on the club notice board, websites and/or walls at the rink to help promote ice hockey/Oxford Junior Stars Ice Hockey Club at the rink.

|  |  |  |  |
| --- | --- | --- | --- |
| Player First Name  |  | Surname |  |
| Date of Birth |  | Age  |  |
| Address  |  |

Parent / Guardian Name / Player (if over 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature / Player (if over 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_