



Will **ALL** members please complete the form below, in order that we can maintain an up to date membership database. The information will be contained in a database for use by authorised club personnel only and will be used to inform you of club events. If you provide an email address/mobile number you are deemed to consent to being contacted via email/text by the club/officials.

Full name	
Date of Birth	
Address	
Home Telephone No.	
Mobile No.	
Email	
School/College	
Payment Method	Cheque or Standing Order or Bank transfer (Cheques should be made payable to Lytham St Annes Hockey Club)
Membership Rate	Adult/Junior/Patron

**Membership Rates**      **Save money – Pay before 31<sup>st</sup> October!**  
 Full Member                £180 (**£130 before 31<sup>st</sup> October**)  
 Junior/Student            £110 (**£90 before 31<sup>st</sup> October**)  
 Patron Member            £35 (**£28 before 31<sup>st</sup> October**)

Pay by bank transfer on-line

Bank	Nat West
Account	Lytham St Annes HC
Sort Code	60-03-04
Acc #	59428554

Do you consider yourself to have a disability? **Yes/No**

If yes, please provide details:\_\_\_\_\_

In order to help us comply with Sport England equality requirements, can you please indicate your ethnic group:

- White
- Mixed
- Asian or Asian British
- Black or Black British
- Chinese
- Other

(England Hockey request this data as part of the annual affiliation process and completing this data enables the Club to give an accurate picture to England Hockey on our membership)

Please return the completed form to:

Secretary  
 Lytham St Annes Hockey Club, Lytham Cricket & Sports Club,  
 Church Road, Lytham, Lancashire FY8 5QD  
 Telephone: 01253 734137  
 Website: [www.lsahe.co.uk](http://www.lsahe.co.uk)

# To be completed by a parent or guardian of all under 18s

## Emergency contact and medical details

Please indicate **the person(s) who should be contacted** in the event of an incident/accident.

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

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Contact Number(s): \_\_\_\_\_

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Does your child have any allergies?

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Does your child need any regular medication or treatment?

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When was your child last vaccinated against Tetanus?

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Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Please read before signing

I will inform the club if any of the above information changes. I am pleased to allow my son/daughter to participate in Lytham St Annes Hockey Club fixtures, coaching and training sessions. I consider my son/daughter to be physically fit and capable of full participation. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately. In the event of the club being unable to contact me, **I give consent** for the Coach, or other responsible adult to act on my behalf.

I consent to my child travelling to venues for matches and or training by transport provided by the club which may include travelling in other players or club official's cars.

I am aware that there may be times that photographs and/or footage may be taken during matches and training sessions by approved agents and/or officers of Lytham St Annes HC. Such images shall only be used for publicity/training purposes and I give my consent for my son/daughter to feature in such photos/images. I hereby only grant approved agents the right to use such images. This includes any reproductions or adaptations of the images for all general purposes. E.g. local newspapers, local magazines and other promotional articles (inc. flyers) and the Club's website.

Please return the completed form to:

Secretary

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