North East Hockey Registration

Player Registration 2024

To be fully completed by the child's parent/guardian, as the information you provide will assist us in ensuring the welfare and safety of your child while attending the North East U13 Girls Coaching and Match-play programme and Tournaments.

Player Name:	
Address:	
	Postcode:
Date of Birth:	Home Telephone:

Parents/Guardians Contact Name:	Telephone Contact Number:
	Work:
	Mobile:
	Work:
	Mobile:
E-mail:	
E-mail:	
Emergency Tel.	

Please tick Yes or No and complete further details as necessary

Does your child have any specific medical conditions requiring medical treatment and/or medication?

Yes ☐ **No** ☐ if yes, please give details

Does your child have any specific allergies and/or dietary requirements?

Yes ☐ **No** ☐ if yes, please give details

Are there any family/personal problems that the event organisers should be aware of to ensure the safety and welfare of your child?

Yes ☐ **No** ☐ if yes, please give details

PARENTAL/GUARDIAN CONSENT

It may be essential at some time for the Team Manager or Coach to have the necessary authority to accompanying your daughter to obtain urgent medical treatment whilst attending the hockey sessions. Please ensure the details above are completed correctly and sign below to give your consent?

I, ……. being parent/guardian give permission for the North East Management Team Manager the necessary authority on our behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my/our daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

I, ……. being parent/guardian of the above named child hereby give permission for my child to attend the North East of England, assessment sessions.

Signature:
(Consent by parent/guardian)

Print Full Name:

Date:

Please return to:
Graham Bell
37 Moor Park Court
North Shields
NE29 8AH

Or via email – bellhockey17@blueyonder.co.uk