

Registration Form: 2024 / 2025 Season

Please complete both pages of this form. **It is very important that you sign the bottom of Page 2**. Please ensure your membership fees are paid by **Friday, 11**th **October 2024.**

Adı	ult I	Mem	bershi	p (18	and c	ver)
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(Tick one)

Adult's Name:		Full Member	€250	
H.I. Reg. No.		College Student	€170	
Year of Birth:		Unemployed	€170	
Mobile No.		Associate / Social	€75	
Email:		Volunteer	€0	
Emergency Contact	Name:	Mobile No.		

Family Membership, €490 (relevant adult name/s)

Adult's Name:		H.I. Reg. No	Year of Birth:	N	Nobile No.		Email:
Emergency Contact	Na	me:			Mobile No	•	

Children of Family Membership and Underage Members: Age on 1st September 2024 Age 5-10, €120. Age 11-14, €140. Age 15-U18, €170.

Please tick child's relevant age category:		Age 5 - 10 Age 15 - U18				Age 11 - 1	4	
Child's Name:	H.I.	Reg. No.	Dat	e of Birth:		School:	Class	/ Year:
Parent / Guardian Names (under 18 children):			n):	Mobile No. Er		nail:		

Does your child have any significant medical history or any special need requirements?	

Submit your Registration Form & Payment (deadline Friday 11th October 2024)

Please see www.waterfordhockeyclub.com/taking-up-hockey/membership-fees/ for full details.

STEP 1: Submit your completed Registration Form. This completed form should be emailed directly to the club

Membership Secretary, Sally Kavanagh, at memberships.whc@gmail.com.

STEP 2: Submit your membership payment. All membership fees to be paid by bank transfer / online banking. Once completed, please email a copy of your proof of bank payment directly to the club Treasurer, at treasurer.waterfordhockey@gmail.com.

Membership fees transferred: €	
Payee Account Name: Waterford Hockey Club IBAN: I	E33IPBS 990635 00427101 BIC: IPBSIE2D
(VERY IMPORTANT) Please reference 'Hockey Ireland re initial and surname' when making your online banking	
If you wish to pay by installments please contact our clutreasurer.waterfordhockey@gmail.com to confirm an a	
Consent and Codes of Conduct	
In signing this form below you are agreeing to the follow	ving consents and codes of conduct.
1. Medical Consent In the event of illness or injury, having parental response administered where considered necessary by a nominal practitioners. If I cannot be contacted and my child need qualified medical practitioner to provide emergency trees.	ted first aider, or by suitably qualified medical eds emergency hospital treatment, I authorize a
I have read the medical consent statement and agree to	give my consent.
	respecting your privacy in compliance with the Data 018. The personal data you supply will be used for the ant club representatives, the Munster Branch of Hockey phic and video data for the promotion of hockey by our
I have read the GDPR statement and I consent to Water data I supply to them, including photographic and video contacted from time to time about club related events of	data that I may feature in. I also consent to being
3. Codes of Conduct Please read the appropriate 'WHC Players Code of Conduct' WHC Parents Code of Conduct' documents available owww.waterfordhockeyclub.com/about-whc/forms/ sec	n our website in the
I have read and agree to abide by the Codes of Conduct	
Adult member(s) signature(s):	
Adult 1:	Adult 2:
Underage member(s) signature(s):	
Child 1:	Child 2:
Child 3:	Child 4:

Parent / Guardian of underage member(s) signature(s):