Registration Form: Season 2026 / 2027

Please complete both pages of this form. Membership fees must be paid by ***Saturday, 31st October 2026.***
Alternatively, contact the club Treasurer if you wish to pay by installments.

Adult Membership *(18 and over)*

(Tick one)

Adult's Name:			**Full Member**	**€260**	
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:**	**Mobile No.**	**Email:**

Emergency Contact	**Name:**		**Mobile No.**	

Children of Family Membership and Underage Members: *Age on 1st September 2026*

Junior - Senior Infants, **€70**. *1st Class - 4th Class,* **€120**. *Age 11-14,* **€150**. *Age 15-U18,* **€180**.

Please tick child's relevant class or age category:	**Junior - Senior Infants**		**1st Class - 4th Class**	
	Age 11 - 14		**Age 15 - U18**	

Child's Name:	**H.I. Reg. No.**	**Date of Birth:**	**School:**	**Class / Year:**

Parent / Guardian Names *(under 18 children):*	**Mobile No.**	**Email:**

Medical Information

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

_____

_____

Membership fees transferred: € _____

Payee Account Name: **Waterford Hockey Club** IBAN: **IE33IPBS 990635 00427101** BIC: **IPBSIE2D**

(VERY IMPORTANT) Please reference ***'Hockey Ireland member's registration number (if known) or member's initial and surname'*** when making your online banking transfer: _____

If you wish to pay by installments please contact our club Treasurer directly by email at alisonemilymoore@gmail.com to confirm an agreed payment schedule.

Consent and Codes of Conduct

By inserting your digital signature below you are agreeing to the followings consents and codes of conduct.

1. Medical Consent

In the event of illness or injury, having parental responsibility, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

I have read the medical consent statement and agree to give my consent.

2. General Data Protection Regulation (GDPR) Consent

Waterford Hockey Club is committed to protecting and respecting your privacy in compliance with the Data Protection Acts 1998, 2003 and as amended by GDPR 2018. The personal data you supply will be used for the operation of the club. This will be shared with the relevant club representatives, the Munster Branch of Hockey Ireland and Hockey Ireland. We may also use photographic and video data for the promotion of hockey by our club. We are committed to ensuring that our members' data is held securely by us.

I have read the GDPR statement and I consent to Waterford Hockey Club holding and processing the personal data I supply to them, including photographic and video data that I may feature in. I also consent to being contacted from time to time about club related events and activities.

3. Codes of Conduct

Please read the appropriate **'WHC Players Code of Conduct', 'WHC Young Players Code of Conduct'** and **'WHC Parents Code of Conduct'** documents available on our website in the www.waterfordhockeyclub.com/about-whc/forms/ section.

I have read and agree to abide by the Codes of Conduct.

Please insert digital signature(s):

Adult 1: _____ **Adult 2:** _____

Child 1: _____ **Child 2:** _____

Child 3: _____ **Child 4:** _____

Parent / Guardian of underage member(s): _____

Make payment & submit your Registration Form *(deadline Saturday 31st October 2026)*

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

Email completed Registration Form to membership.waterfordhc@gmail.com