



GALWAY HOCKEY CLUB

Membership Form 2011/2012 season

www.galwayhockeyclub.com

Name:	
D.O.B.:	

If under 18 years

Previous member: Yes No *If no, please complete next section*

If Yes, please confirm that your membership details are correct per the current membership list*:

Yes No

Additional information: (*include any changes to current membership list)

Address:		
Phone:		
School & Class:		
Mobile:		<i>If over 16 years If under see below:</i>
Email:		<i>If over 16 years If under see below:</i>

Membership fee:

Primary:	€ 150	<input type="checkbox"/>
Secondary:	€ 180	<input type="checkbox"/>
All Junior boys	€ 100	<input type="checkbox"/>
Third level:	€ 180	<input type="checkbox"/>
Senior Ladies:	€ 200	<input type="checkbox"/>
Senior men:	€ 150	<input type="checkbox"/>
Pavillion	€ 50	<input type="checkbox"/>
Family:	€ 275	<input type="checkbox"/>

<i>For office use only:</i>	
<input type="checkbox"/>	Cheque
<input type="checkbox"/>	Cash
<i>Other payment information:</i>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Parent/Guardian Information: (for all players Under 18 years)

Name:		
Address*:		
Home Tel*:		*Please give details if different to child's address above
Mobile:		
Email:		

N.B. As most communication is either by mobile phone and/or email, please ensure your details are correct otherwise you may miss out on important information.

I hereby give permission for any photographs taken of my child during GHC competitions or training to be included in newspaper sports pages and/or the GHC web site.

Yes No

I have read and agree to abide by the Club's code of conduct:

(see www.galwayhockeyclub.com for copy of same)

I, the undersigned, or on behalf of _____ (name of child), accept that I/my child will be training and playing games with Galway Hockey Club at their own risk and I will be responsible for organising our own personal injury insurance if necessary. I do not expect Galway Hockey Club or Connacht Hockey or the opposing team who so ever they may be to be held responsible for loss of earnings or medical or incidental personal expenses incurred whilst taking part in hockey with Galway Hockey Club.

Signed: **Date:**