|  |  |  |
| --- | --- | --- |
| Players Name  |  |  |
| Email address for correspondence |  |  |
| Date of birth (if under 18) | Contact phone number  |  |

**PLAYING CONSENT**

I consent to take part in skating, training and games (including full contact where applicable) for inline, ice and/or DEK hockey. This also includes spectating. Dek Inline

I agree to pay the annual players fees.

**MEDIA CONSENT**

By signing this form, I give consent for the Falkland Islands Hockey Association to share photographs, video and audio recordings of training or playing hockey on web sites, social media sites, FITV or other TV stations, Penguin News and other newspapers, FIRS and other radio stations and for any other publicity purposes for FIHA. If you have any concerns or do not give consent, please give details on the back of this form.

**MEDICAL CONSENT**

I confirm that by signing this form I am in good physical health and know of no reason why I should not be able to fully participate in all training and games.

I have recorded any allergies, illnesses, disabilities or any other relevant information that may affect my participation overleaf. If I need to use inhalers or epipens (as detailed overleaf) I will ensure that I have one with me which is clearly labelled. If I am suffering any injury at any time, I will let my manager/captain/coach know immediately.

**ANNUAL PRIZEGIVING**

I would like to receive medals and/or trophies when applicable. Yes No

**MEMBERSHIP OF FIHA Ltd**

**Available for persons 18years or older. It is NOT required to participate in training, leagues nor other organised events.** Membership enables attendance at AGM meetings, contribution to decision making, organisation and delivery of the service FIHA Ltd provides and allows a member to stand for election as a director. There is no membership fee- however members may be liable to members guarantee (see membership policy on www.hockey.co.fk)

**I am over 18 and request membership to FIHA Ltd**

**EMERGENCY CONTACT DETAILS**

Please give details of up to two people who will be contactable in an emergency.

Name Name

Phone number Phone number

Relationship to player Relationship to player

I have read and agree to abide by the Falkland Islands Hockey Association rules, Safeguarding and Anti-Bullying Policy.

I understand that the right to play/membership may be declined/removed in accordance with FIHA Ltd Governing Documents. These can be found at [www.hockey.co.fk/documents/](http://www.hockey.co.fk/documents/)

If the player is under 18, I authorise the coach and first aiders to give permission for my child to receive any emergency dental, medical or surgical treatment including anaesthetic as considered necessary by the medical authorities present if I am unable to attend in person or if I am uncontactable.

Signed: Date:

Signature of parent/carer if the player is under 18: