

**Oxford University Floorball Club – Membership Form for 2018-2019**

**Sections 1, 2 and 3 must be completed before being allowed to participate in your Sport**

**Section 1 - Personal Details (Please complete in Capital Letters)**

Name: .....D.O.B:.....

College/Dept.....E-Mail Address: .....

Telephone Number:.....

Address and postcode: .....

.....

Student Number (above expiry date on Bod Card): .....

<b>Emergency Contact Name and Telephone Number:</b>	
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Have you ever been a member of a floorball club outside of the UK?  Yes  No

Any other personal information which is of benefit to the Club:

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**Section 2: Declaration (please  $\checkmark$  or  $\times$  in the box as required)**

**I understand that there is an element of risk involved with the playing of all sports. I have received during Michaelmas/Hilary/Trinity Term (Please circle accordingly) a safety briefing by members of the Club Committee on the fundamental safety aspects of the Floorball Club.**

**I have read the Risk Assessment, Codes of Conduct, and Constitution of the Floorball Club as displayed on the club webpage and I agree to abide by the club's guidelines at all times.** Where qualified coaches are in place, I agree to follow the coaches' instructions. I agree that this may be a verbal, visual, physical or demonstrative form of communication. I will ask for further clarification of any ambiguous and/or inaudible instructions.

I understand that I will be asked to leave the club session immediately if deemed to be deliberately not following the Codes of Conduct or ignore instructions from the Club Coach.

I agree to this form being kept indefinitely by the Floorball Club, on the understanding that the disclosed information will be kept confidential, and shared only between the Club Committee, Coaches, and the Sports Federation. Other than the club or where required in consultation with the University Sports Department and Sports Federation, the information on this form will not be supplied to any other third party.

**Section 3: Medical Information (please tick all that apply)**

1. **I have 'No'** medical condition which will prevent me from taking part fully in my sport.
2. **I have** a Medical Condition which may limit/prevent full and safe participation in my sport.
3. **I agree** to bring medication (where required) to all club sessions.
4. **I will inform** my club President if these **circumstances change** in the course of the academic year.

Before each club session I will inform Club Coaches and relevant members of the committee of any medication, allergies, injuries or other medical conditions which may affect my ability to participate fully in the sport on that day.

Name:.....(Legal Guardian if under 18 years of age)

Signature:.....Date:.....

<b>Floorball Club – To be completed by committee member</b>	
OU Member Card Number:	Amount: £.....
<input type="checkbox"/> External <input type="checkbox"/> Student <input type="checkbox"/> Staff	NGB Membership: £.....
<input type="checkbox"/> Annual <input type="checkbox"/> Term <input type="checkbox"/>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Position/Name/Signature:.....Date:.....	