



# Bishahockey Limited Membership Form 2012

Please enter all details in BLOCK capitals and complete the entire form

Surname	Forename(s)	BiSHA No. (if known)
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Address .....	Male / Female
	Date of Birth
	CRB: Disclosure held: Yes <input type="checkbox"/> No <input type="checkbox"/> Please send me a CRB form <input type="checkbox"/>
	Tel No. ....
..... Postcode .....	
Email .....	

Club	Team	Region
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FEES			
Senior	Year of Birth	1993 or earlier	£ 49.00
Junior	Year of Birth	1996 to 1994	£ 39.00
Youth	Year of Birth	1999 to 1997	£ 33.00
Pee Wee	Year of Birth	2002 to 2000	£ 15.00
Minnow	Year of Birth	2003 or after	£ 0.00
Non-league	Junior/Senior		£ 24.00
Non-League	PeeWee/Youth		£ 13.00
Non-playing Official	(Bench Official/Referee etc)		£ 26.00
Play-up into higher age group (as well as own team)		Additional	£ 10.00

Type of Membership ( tick all boxes that apply) BENCH REFEREE NON LEAGUE PEEWEE YOUTH JUNIOR SENIOR PLAYING UP PLAYER + £10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TOTAL FEE: £
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Medical Conditions
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I hereby agree to abide by the rules and bye laws of both the Bishahockey Ltd, and my Regional Association.  
**I confirm that I do not owe a debt of money or otherwise, nor am I banned from any organisation affiliated to the BRSF. (BiPHA, FARS, FISS, NRHA)** I understand that the information provided on this form will be held by BiSHA on computer and in file, and that from time to time this information may be used for the development of Skater Hockey, BiSHA, and the Regional Associations. If you do not wish this information to be thus used please tick the box provided.

In signing this form I consent to photography and film to be taken at events which will be used for development of the sport.  
 Any queries regarding the above statement please contact the BiSHA Child Protection Officer.  
 I further declare that the information supplied on this form is correct and accurate. Membership may be suspended or revoked if information is proven to be incorrect or deliberately misleading. *BISHAHOCKEY LTD reserve the right to refuse membership. Information may be shared with other BRSF members for Disciplinary purposes.*

**Signature** (parent or guardian if under 18 years of age) \_\_\_\_\_ **Date** \_\_\_\_\_

**The next section need only be completed if the player is to be playing in the next (higher) age group.**  
**NOTE:** Parents and Managers are reminded that this is a contact sport and that whilst the player may have ability in the higher age group he/she may not be physically suited to the task. The difference in stature i.e. height, weight and experience may put younger smaller players at risk. By signing this consent you are accepting responsibility for their decision.

Higher Age Group Team Name	Higher Age Group (Peewee/Youth/Junior/Senior) <b>Circle one</b>
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Parents Signature	Higher Age Group Official Signature
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