



**Werewolves of London Special Ice Hockey Club
Player Information and Parent / Carer Publicity Consent Form
2018 / 2019 Season**

Please complete and return by hand

Player's Name:		Player's Date of Birth:	Please state age of player @ 1st January of each hockey season:
Player's Home Address:			
		EMERGENCY CONTACT (1)	
		Name:	
Local Borough:		Relationship to Player:	
Parent/Carer Name:		Telephone number(s):	
Parent/Carer Tel No:		EMERGENCY CONTACT (2)	
Parent/Carer Mobile No:		Name:	
Parent/Carer Work Tel:		Relationship to Player:	
Parent/Carer Email:		Telephone number(s):	

PARKING

If you plan to use the car park at the Leisure Centre during training sessions please email your car registration plate number to: mike@werewolvesoflondon.org.uk

**Ethnicity Monitoring
(PLEASE TICK ONE BOX ONLY)**

- | | |
|---|---|
| <input type="checkbox"/> Asian or Asian British: Bangladeshi
<input type="checkbox"/> Asian or Asian British: Indian
<input type="checkbox"/> Asian or Asian British: Other Asian
<input type="checkbox"/> Asian or Asian British: Pakistani
<input type="checkbox"/> Black or Black British: African
<input type="checkbox"/> Black or Black British: Caribbean
<input type="checkbox"/> Black or Black British: Other Black
<input type="checkbox"/> Chinese or other ethnic group: Chinese
<input type="checkbox"/> Chinese or other ethnic group: Other ethnic group

<input type="checkbox"/> Mixed: White and Black British | <input type="checkbox"/> Mixed: White and Asian
<input type="checkbox"/> Mixed: White and Black African
<input type="checkbox"/> Mixed: White and Black Caribbean
<input type="checkbox"/> Mixed: White and Other
<input type="checkbox"/> White: Welsh
<input type="checkbox"/> White: British
<input type="checkbox"/> White: Irish
<input type="checkbox"/> White: Scottish
<input type="checkbox"/> White: Other White

<input type="checkbox"/> Prefer not to answer |
|---|---|

**Werewolves of London Special Ice Hockey Club Player
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Publicity Consent

I consent to the taking of photographs and/or video/film footage of this player, individually or as part of the team, during training or on match days, or at any other events organised by the club, or events organised by another organisation in which the Werewolves of London are participating, for publication in material relating to the Werewolves of London, Streattham Ice Hockey Club, or Special Hockey International.

Please print Full name of Parent or Carer:

Relationship to Player:

Parent/Carer signature:

Date:

Player signature (if over 18)

Date:

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Useful Information

Methods of Payment

The preferred method of payment is by bank transfer.

Account Name Werewolves of London Special Ice Hockey Club
Account Number 03739751
Sort Code 30-92-45

Bank Address Lloyds Bank, George Street - Croydon Branch,
95 George Street, Croydon, Surrey, CR9 2NS

BIC/SWIFT LOYDGB21049
IBAN GB40 LOYD 3092 4503 7397 51

Please provide the players name as a reference so that we can easily identify your payment.

Fees may also be paid in person during Werewolves sessions by:

- Cheque (addressed to Werewolves of London Special Ice Hockey Club) or;
- Cash

**Werewolves of London Special Ice Hockey Club
Player Medical Information and Parent/Carer Consent Form**

PLEASE ANSWER ALL THE QUESTIONS

Player's Name:	Date of Birth:
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GP Name:	GP Practice Address:
GP Tel. No:	

PERSONAL HEALTH HISTORY

[If you answer yes please explain further in the provided overleaf]

Please state your child's medical or other condition or disability/additional need (e.g. ADHD, ASD, Downs Syndrome or other condition):

Illness requiring medical attention in the past year?	
Any recent surgery in the last 2 years?	Yes/No
Has the player an illness requiring medical attention in the past year?	Yes/No
Under observation by a doctor for a problem?	Yes/No
ECG's in the past? / History of an abnormal ECG?	Yes/No
Heart murmur or irregular or extra heart beats?	Yes/No
Any chest pains, dizziness, shortness of breath, excessive fatigue during exercise?	Yes/No
Ever fainted or lost consciousness during exercise?	Yes/No
Diabetes?	Yes/No
High or Low blood pressure?	Yes/No
Asthma/exercise induced asthma?	Yes/No
Loss or problem with any paired organs (e.g. eyes, testicles, kidneys)	Yes/No
Has anyone in your family suffered from high blood pressure, sudden death, heart attack, or any hereditary disease?	Yes/No
Epilepsy?	Yes/No
ASD?	Yes/No
Downs Syndrome?	Yes/No
ADHD?	Yes/No
Cerebral Palsy?	Yes/No

Please provide any additional information here or on the last page if you have answered yes to any of these questions

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Player Medical Information and Parent/Carer Consent Form**

HEAD INJURY

[If you answer yes please explain further in space provided below]

Has the player ever had a concussion?	Yes/No
If yes, how many times?	
When was the player's last concussion?	
Has the player ever lost consciousness?	Yes/No
If yes, for how long	
Has the player ever been kept out of sport with a concussion?	Yes/No

Please explain further if you have answered yes to any of these questions

SPORTS AND NON-SPORTS INJURIES

Please provide details of any injuries that the player had in the last two years. Please include dates and whether the player had any treatment.

ALLERGIC REACTIONS

Does the player have any allergies (e.g. stings, bites, food, medication)	Yes/No
If yes what is the player allergic to and what reaction does he/she develop?	
Does the player carry an epi-pen?	Yes/No

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Please list the medication your child takes on a daily/regularly basis [excluding vitamins]
Please describe any problems/implications for first aid treatment

Any other relevant information:

MEDICAL UPDATE AGREEMENT

I have read and fully understood this entire form. I have answered the questions thoroughly and accurately. I understand that it is my responsibility to inform Werewolves management team in writing of any changes to the information provided in the medical form.

Please print Full name of Parent or Carer: Relationship to Player:

Parent/Carer signature:

Date:

Player signature (if over 18)

Date:

MEDICAL CONSENT

[If the player is not accompanied by a Parent(s)/Legal Guardian(s)]

Werewolves of London Coaches, when responsible for the above-named player at training, tournaments or during tournament travel to and from away fixtures, or at other events, have my permission to take any medical decision and/or give parental permission in my place, in cases of medical emergencies.

Please print Full name of Parent or Carer:

Relationship to Player:

Parent/Carer signature:

Date:

Player signature (if over 18):

Date:



Werewolves of London Special Ice Hockey Club Code of Conduct for Players

When I register as a player, not only am I signing to agree my membership of The Werewolves of London Special Ice Hockey Club, but I am also signing to say that I understand, and will to the best of my ability, adhere to this Code of Conduct.

- I will participate because I want to and for the fun of it, not just because my Parents or Coach want me to.
- I will co-operate with and respect my Coach, officials and team mates and opponents, because without them there would not be a game for me to participate in.
- I will play to the rules of the game.
- I will accept success and failure, victory and defeat, equally.
- I will resist any temptation to take banned substances or use banned techniques.
- I will always try to control my temper - both my team, and I will benefit. I understand that competition is stressful and can provoke powerful emotions but fighting and "mouthing off" spoils the game for everyone.
- I will not use inappropriate language.
- I will be a team player and encourage others to work together; if I work hard my team will benefit.
- I will set a positive example for others, particularly younger players and supporters.
- I will remember that my Coaches and other officials are there to help me. I understand that while they can and will make mistakes from time to time, I must still respect their decisions.
- I will let my Coach and Captain ask any necessary questions to officials.
- I will remember that while it is great to win, it should be fun to play at all times.
- I will thank my Coach, the Officials and my parents/supporters for their time and support.
- I will respect the facilities and the property of others.
- I will behave appropriately in the changing rooms and arena (both home and away).

Ice Hockey is a fast and often aggressive sport but there is a big difference between playing and training competitively, and the intimidation and abuse of others. The Werewolves of London Special Ice Hockey Club has a policy of ZERO TOLERANCE towards verbal and physical abuse. Any individual found to be involved in the verbal or physical abuse of another club member may, at the discretion of the Disciplinary Committee, be suspended from the Club.

SIGNED:

DATED:

NAME PRINTED:

Werewolves of London Special Ice Hockey Club Code of Conduct for Parents & Supporters



When I register my child as a member of The Werewolves of London Special Ice Hockey Club, I am signing to say that I understand, and will to the best of my ability, adhere to this Code of Conduct.

I will also, where necessary, explain to my child the Code of Conduct for players and ensure my child understands what is expected of them.

- I will avoid forcing my child to participate in this sport and remember that my child is playing for his/her enjoyment not mine.
- I will encourage my child to play by the rules and to resolve conflict without resorting to violence. I will always lead by example.
- I will not coach my child during the game or training sessions or in the car on the way home, etc.
- I will teach my child that although it is fun to win, trying hard and doing one's best is really the "name of the game".
- I will never ridicule or yell at my child for making a mistake or losing a game. I will always offer constructive advice and assurance that continued effort would make for improved performance next time out.
- I will have realistic expectations for my child. I will acknowledge their limitations if they are new to the game and avoid making unfair comparisons against more experienced players. I will make sure I support my child in what he or she feels is important. I will praise the achievements that make my child feel good.
- I will support the Coach. I realise that they are dedicated volunteers who are committed to ensuring the best possible experience for my child.
- I will never question the Official's judgement or honesty in public.
- I will be a supportive and fair spectator when attending my child's games.
- I will discuss playing fair and encourage my child to understand that violence is as unacceptable in professional sports as it is in their own league.
- I will remember that children learn best by example. I will applaud good play by members of both teams.
- I will respect my child and everyone involved in their sport for their efforts and commitment. I will remember that the people who work to support my child in sport are also supporting me.
- I will not shout "at" my child - I will shout for them!!

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SIGNED:

DATED:

NAME