



# British Inline Puck Hockey Association Membership Application - Page 1 of 2

All information will be kept strictly confidential under the provisions of the Data Protection Act 1998

## PART A: Personal Details - Please enter all details in BLOCK capitals and complete the entire form

Date of Birth	dd	mm	yy
---------------	----	----	----

Name:	Forename	/ Surname
-------	----------	-----------

Address	
House Name	If required
Address	
Address	
Address	
Town	
County	
Post Code	

Personal Contact Details	
Telephone	
Mobile	
E-mail	

PART B: Emergency Contact details	
Name	
Number	
Relationship	To Applicant

## PART C: Registration Details - Players (including Player/Officials)

Primary Region:			
Primary Registration		Fee due	Please Tick
Player (including Player/Official)		£30	
U10 playing up to U12		£20	
U10 playing up to U14		£30	
U10 (not playing up at all)		£2.50	
Number of different clubs playing for (excluding your Primary club)	Insert number of clubs	£5 per club (excluding your Primary club)	
Have you ever been refused membership by another Association			YES/NO

Primary Club Name:			
<p>Players may only play for <b>one</b> club/region at each age group</p> <p>Players must register for their <b>primary club</b> (home club) they wish to play. <b>Please note</b>, you must be eligible to play in <b>at least one</b> age group this club operates</p> <p>Players are considered <b>club bound</b> if that club offers <b>lower or higher</b> age groups that the player is eligible to participate in.</p> <p>Players are considered <b>region bound</b> if the region their primary club is registered to offers <b>lower or higher</b> age groups that the player is eligible to participate in.</p> <p><b>Players may only play for another club outside of their region if their home club is registered in a region which does not provide a league for the lower or higher age groups the player is eligible to participate in.</b></p> <p><b>There is an additional £5 National Membership Charge for EACH club you play for OUTSIDE of your PRIMARY Club</b></p>			

Please indicate below which age groups you will be participating in (including club name and region)

Age Group	Club Name	Region
U10 (not playing up at all)		
U10 (playing up to U12)		
U10 (playing up to U14)		
U12		
U14		
U16		
U18		
U21		
Senior		

PLEASE COMPLETE PAGE 2



# British Inline Puck Hockey Association Membership Application - Page 2 of 2

*All information will be kept strictly confidential under the provisions of the Data Protection Act 1998*

## PART D: Registration Details - NEC/REC/League/Club Officials, Training Only & Parent Only

<b>Primary Region:</b>			<b>Primary Club Name:</b>
<b>Position applied for</b>	<b>Fee Due</b>	<b>Please Tick</b>	All officials must complete a BIPHA CRB application - <b>Third Party Disclosures are NOT acceptable</b> BIPHA CRB Disclosure Number I require a BIPHA CRB form <span style="float: right; border: 1px solid black; padding: 2px;">Tick here</span>
NEC / REC /League/Club Official	£25		
Training ONLY	£10		
Parent ( <i>with voting rights at meetings</i> )	£5		

### All CRB applications are exempt from the Rehabilitation of Offenders Act 1974

CRB Disclosures are provided free of charge to all BIPHA members who act as an Official and any parent/guardian who comes into regular, unsupervised contact with minors, other than their own children (e.g. providing transport to games). Application forms are available from the BIPHA's CRB Lead Signatory or BIPHA's CRB Regional signatory.

## PART E: Declaration (Please be aware that the BIPHA reserve the right to refuse any application of membership)

I give my permission for the BIPHA to register their interest in me with the Independent Safeguarding Authority to comply with current legislation and I also understand that refusal to give my permission will exclude me from any duties within the BIPHA and may affect my membership status

READ the following declaration(s) carefully and then sign where indicated. A non-photographic membership card will be provided for each official - produced by the NEC on receipt of this form.

I understand that the BIPHA are signatories to the BRSF Joint Disciplinary Agreement and as such may share information regarding my conduct with the other signatories of the agreement.

I know of no medical reason that may exclude me from taking part in Inline Puck Hockey and agree to abide by the BIPHA Rule Book, Byelaws, Constitution, Codes of Conduct and Child Protection Policy and Procedures. I also agree to abide by all other policies as properly voted for at any meeting of the National Executive Committee. All of the aforementioned documents are normally available on the BIPHA website and are available by land mail upon request to the National Secretary

I agree that in accordance with the provision of the Data Protection Act 1998 any personal data which is supplied to the BIPHA Data Controller, will be held in a secure database and used solely for the purpose of the BIPHA. The information provided will not be passed to any third party. Information provided to the BIPHA will be subject to review annually by the Data Controller.

I hereby give my permission for my child/children to be photographed in accordance with the BIPHA Child Protection Policy. I acknowledge that if I later change my mind I can withdraw my permission at any time in writing to the National Secretary and images of my child/children will be treated in accordance with the BIPHA Child Protection Policy.

<b>Signed:</b>	<b>Date:</b>
----------------	--------------

*Print your full name below if signing on behalf of a person who is under 16 years of age.*

<b>Full Name:</b>
-------------------

## PART F: OFFICIAL USE ONLY

<b>Membership Number</b>		<b>Date: (enter dd/mm/yy)</b>	
<b>Membership Agreed (Circle One)</b>	YES      NO	<b>Signed</b> (Membership Secretary)	
<b>Fee Paid (Circle One)</b>	YES      NO		