

Werewolves of London Special Ice Hockey Club Player Information and Parent / Carer Publicity Consent Form 2021/ 2022 Season

Please complete and return by hand

Player's Name:		Player's Date of Birth:	Please state age of	
		birtii:	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 C	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 car registration plate num			ons please email your	
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Ethnicity Monitoring (PLEASE TICK ONE BOX (ONLY)			
(·	···-·,			
Asian or Asian British: Ba		Mixed: White and Asian		
Asian or Asian British: Indian		Mixed: White and Black AfricanMixed: White and Black Caribbean		
Asian or Asian British: Other Asian Asian or Asian British: Pakistani		☐ Mixed: White and Other		
Black or Black British: African		☐ White: Welsh		
Black or Black British: Caribbean		White: British		
Black or Black British: Other Black				
☐ Chinese or other ethnic group: Chinese ☐ Chinese or other ethnic group: Other ethnic		White: Other White		
group	J			
	British	☐ Prefer not to answer	r	

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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 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:

Your involvement in sport:	
What sports/activities have you taken part in before and to what level?	
Why do you want to join this club/team/activity?	
What do you enjoy most about playing sport, and what do you think you are best at?	
Are there any practical things that have helped you previously take part in sport that would help us support you here? For example adapted equipment, rules or activities, or something g else.	
What do we need to understand about your condition to make sure we are able to support you if issues arise while you are taking part, eg linked to levels of mobility, particular hydration requirements, range of movement, fatigue, activity intensity?	
Communication:	
What do you like/prefer to be called?	
What's your first language or preferred communication medium?	
How do you best communicate (and understand others) - particularly in a sports context?	
Are there specific considerations we need to bear in mind to support communication with you, eg avoiding a lot of background noise; making statements short, clear and/or repeated, etc?	
Is there a need for us to arrange additional support around communicating with you, eg availability of an interpreter?	

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

	Date of Birth:	
GP Name:	GP Practice Address:	
GP Tel. No:		
ERSONAL HEALTH HISTORY f you answer yes please explain further in the pr	rovided overleaf]	
Please state your child's medical or other co Downs Syndrome or other condition):	ndition or disability/additional need (e.g. ADHI	D, ASD,
	200	Yes/No
Illness requiring medical attention in the past year? Any recent surgery in the last 2 years?		
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
		Yes/No
Heart murmur or irregular or extra heart beats?	excessive fatique during exercise?	Yes/No
Heart murmur or irregular or extra heart beats? Any chest pains, dizziness, shortness of breath,		Yes/No
Heart murmur or irregular or extra heart beats? Any chest pains, dizziness, shortness of breath, Ever fainted or lost consciousness during exerci		Yes/No
Heart murmur or irregular or extra heart beats? Any chest pains, dizziness, shortness of breath, Ever fainted or lost consciousness during exerci Diabetes?		Yes/No Yes/No Yes/No
Heart murmur or irregular or extra heart beats? Any chest pains, dizziness, shortness of breath, Ever fainted or lost consciousness during exerci Diabetes? High or Low blood pressure?		Yes/No Yes/No Yes/No Yes/No
Heart murmur or irregular or extra heart beats? Any chest pains, dizziness, shortness of breath, Ever fainted or lost consciousness during exerci Diabetes? High or Low blood pressure? Asthma/exercise induced asthma?	se?	Yes/No Yes/No Yes/No Yes/No
Heart murmur or irregular or extra heart beats? Any chest pains, dizziness, shortness of breath, Ever fainted or lost consciousness during exerci Diabetes? High or Low blood pressure? Asthma/exercise induced asthma? Loss or problem with any paired organs (e.g. eye Has anyone in your family suffered from high blo	se?	Yes/No Yes/No Yes/No Yes/No
Heart murmur or irregular or extra heart beats? Any chest pains, dizziness, shortness of breath, Ever fainted or lost consciousness during exerci Diabetes? High or Low blood pressure? Asthma/exercise induced asthma? Loss or problem with any paired organs (e.g. eye Has anyone in your family suffered from high blo hereditary disease?	se? es, testicles, kidneys)	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
Heart murmur or irregular or extra heart beats? Any chest pains, dizziness, shortness of breath, Ever fainted or lost consciousness during exerci Diabetes? High or Low blood pressure? Asthma/exercise induced asthma? Loss or problem with any paired organs (e.g. eye Has anyone in your family suffered from high blo hereditary disease? Epilepsy?	se? es, testicles, kidneys)	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
Heart murmur or irregular or extra heart beats? Any chest pains, dizziness, shortness of breath, Ever fainted or lost consciousness during exerci Diabetes? High or Low blood pressure? Asthma/exercise induced asthma? Loss or problem with any paired organs (e.g. eye Has anyone in your family suffered from high blo hereditary disease? Epilepsy? ASD?	se? es, testicles, kidneys)	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
Heart murmur or irregular or extra heart beats? Any chest pains, dizziness, shortness of breath, Ever fainted or lost consciousness during exerci Diabetes? High or Low blood pressure? Asthma/exercise induced asthma? Loss or problem with any paired organs (e.g. eye Has anyone in your family suffered from high blo hereditary disease? Epilepsy?	se? es, testicles, kidneys)	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No

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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	Yes/INO
SPORTS AND NON-SPORTS INJURIES Please provide details of any injuries that the player had in the last two years. Please include date whether the player had any treatment.	es and
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?	
Doos the player carry an eni pen?	
Does the player carry an epi-pen:	Yes/No
Does the player carry an epi-pen?	Yes/No

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

Please list the medication your child takes on a daily/regu	
Please describe any problems/implications for first aid treatments	pent
Any other relevant information:	
MEDICAL UPDATE AGREEMENT	
I have read and fully understood this entire form. I have answ	
I understand that it is my responsibility to inform Werewolve	s management team in writing of any changes
to the information provided in the medical form.	
Please print Full name of Parent or Carer: Relationship t	o Player:
Parent/Carer signature:	Date:
Player signature (if over 18)	Date:
MEDICAL CONSENT	
[If the player is not accompanied by a Parent(s)/Legal Guard	lian(s)]
Werewolves of London Coaches, when responsible for the a	bove-named player at training, tournaments or
during tournament travel to and from away fixtures, or at o	
medical decision and/or give parental permission in my place	
7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	,
Please print Full name of Parent or Carer:	
F	
Relationship to Player:	
Parent/Carer signature:	Date:
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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 ıal on

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 discre 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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the Club.			
SIGNED:		DATED:	
NAME			