

Jul 2019

## **Xarifa Underwater Hockey (Octopush) Sessions**

Thank you for your interest in our UWH sessions. We have regular pool sessions at Medlock pool on Sundays, 4:30 – 5:30pm for juniors from age 8 to teenagers and adults. At Wright Robinson College on Tuesdays, 7:00 – 8:00pm we have teenagers and adults, but hope to have juniors the hour before very soon. A few important points: -

1. Before a child can participate the attached form must be completed. We seek your permission on this form for the club to take and use photos & video of all participants for promotional purposes, e.g. getting them in the paper when they win medals.
2. Check out [www.facebook.com/xarifauwh](http://www.facebook.com/xarifauwh), please like and share this with friends and family, or anyone who's interested. N.B. Inviting a friend along can help with transport.
3. To communicate club and Underwater Hockey related information we prefer to use a closed group <http://www.facebook.com/groups/xarifauwhjuniors/>, both children and parents are encouraged to join (NB children must be aged 13 and over).
4. Xarifa membership cost £16 a month, payable by Standing Order, which includes the cost of renewing membership with the BOA each year (please set up a standing-order with your bank or Building Society to **A/c 60737662, S/c 01-00-39** to 'Xarifa UWH Club' for £16 payable monthly on the 16th).
5. If your child does not have their own equipment (Mask, Fins & Snorkel), we can, for a short period loan this basic equipment and assist in the purchase of the correct equipment. (please seek our advice before you make a purchase). Sets of Mask, Fins and Snorkel are available (see over), other specific UWH equipment will be provided FOC for juniors (see over).
6. After an initial trial, all members of Xarifa UWH must have valid membership of the sports' governing body, the British Octopush Association (BOA), please visit [www.gbuwh.co.uk](http://www.gbuwh.co.uk) and complete the online registration process and make the initial payment (junior membership is currently only £15 per annum). The club will then pay the renewal fee each year whilst they remain members of the club.

**Free trial sessions** should be pre-booked by individuals or groups to ensure we have the equipment and instructors. Please make contact with us via the telephone numbers or email addresses below or the Facebook group, thanks.

You may be interested to know that Xarifa UWH has helped to develop regional, national and world championship players with medals in U12, U14, U16, U19, and masters categories.

Regards



Phil Thompson  
On behalf of Xarifa UWH - Juniors

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Web-site - [www.xuwh.org.uk](http://www.xuwh.org.uk)  
Tel: - 0161 3661109 / 07971157970

# Xarifa Underwater Hockey

## Issue of Equipment.

Name .....

### **Snorkelling Equipment:**

*Please note:* Your child will be expected to provide their own basic equipment as listed below. For those children who do not have their own equipment Xarifa UWH can supply these items – approx. costs indicated.

Quantity	Description	Approx. Cost
1 pair	Fins (used)	£10 to £20
1 pair	Fins (new)	£30 to £50
1	Mask (safety lenses)	£15 to £25
1	Snorkel	£8 to £10
1	Kit Bag (when available)	£8 to £15
Lot	Full set of the above	<b>£40 to £80</b>

If your child wishes to purchase any equipment, please bring the appropriate fee to the next session, or pay online.

### **UWH Equipment:**

*Please note:* The equipment listed below will/has been issued to members\* at no cost and remains the property of Xarifa UWH. If however should any of it need replacing because of loss/damage, or wear and tear, the replacement cost will apply.

Quantity	Description	Replacement cost
1 Pair	Protective Caps (1 blue, 1 white) No.	£12 a pair
1 Pair	Pushers (1 black, 1 white)	£14
1	Protective Glove (size )	£18
1	Mouth-guard	£2
Lot	Full set of the above	<b>£45</b>

\* Members shall be defined by the appropriate and regular payment of fees via Standing order, issuing of equipment shall remain at the discretion of Xarifa UWH.

This form must be completed in full for each applicant before participating in any sessions.

### Junior player details

Name .....

Address .....

.....

.....

Postcode .....

Home tel. ....

Mobile tel. ....

Email/s .....

D.O.B. ....

Male / Female .....

Has this person ever suffered from any of the following:?

*E.g. Diabetes, Black-outs, Epilepsy, Perforated Ear drums, Persistent sinus problems, High blood pressure, Heart disease, Lung or respiratory disorders or Dependence on drugs.*

If you have indicated "Yes" to any of the above please provide details on the reverse.

### Parent / Guardian info

Name .....

Address .....

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Postcode .....

Home tel. ....

Mobile tel. ....

Email/s .....



The **British Octopush Association** provides third party, public liability and personal accident insurance. New members are covered for 4 weeks free of charge.

All players are required to be members of the B.O.A. within 4 weeks of their 1<sup>st</sup> session.

In order to join please visit [www.gbuwh.co.uk](http://www.gbuwh.co.uk) to register.

**All our Coaches are B.O.A. trained.**

Relationship to Child .....

Signed  
(Parent / Guardian) ..... Date .....

Please print your name .....

Please describe how you heard of the club? .....  
(e.g. poster, website, friend etc)

Please speak to one of the club coaches before initialling the boxes below, thanks.

From time to time photographs and / or other images will be produced of attendees participating during the sessions. These images will be used to promote UWH at all levels through the media, sponsorship and advertising as appropriate. If you would like copies of the photographs these can be supplied for a nominal fee.

If you **DO NOT** wish the child named to be included in any of the these images please initial here.

If selected your child could be invited to participate in other UWH sessions, matches and or tournaments against other teams/clubs. This normally involves travel to other pools at differing times of the week, all trips will be accompanied by Xarifa UWH coaches.

If you **DO NOT** wish to give your Parental Consent, to the child named above please initial here: