



**NORFOLK
HOCKEY**

SUMMER

CAMPS 2021 Ver.9

All camps will run at Taverham Recreation Centre, Beech Avenue, Norwich NR8 6HP

and will be led by EH qualified coaches.

The Wed 25th August session for U14+ players is now **full**. Due to the exceptional demand, we shall be opening up an extra session for this age group: U14**B**, U15 **G&B**, U16**G&B**, U17**G&B**, U18**G&B** on **FRIDAY 27th AUGUST** 10am - 3pm.

The camps provide the opportunity to have a fun day playing hockey and developing skills. The sessions are aimed at players aged 11-17. Players are welcome to attend as many camps as they like but those wishing to be considered for the Norfolk Hockey Centre (running from September) **must attend a minimum of 2 camps**.

Please note: GKs must have their own kit.

Monday afternoon camps 2pm - 4pm £10 per player per session

Sunday / Tuesday / Wednesday camps 10am – 3pm

£25 per player per session 3 or more day sessions booked by an individual @ £20 per player per session.

School year / Age Group	
1 st Sep. '09 – 31 st Aug. '10 - U12 player Yr 7	1 st Sep. '05 – 31 st Aug. '06 - U16 player Yr 11
1 st Sep. '08 – 31 st Aug. '09 - U13 player Yr 8	1 st Sep. '04 – 31 st Aug. '05 - U17 player Yr 12
1 st Sep. '07 – 31 st Aug. '08 - U14 player Yr 9	1 st Sep. '03 – 31 st Aug. '04 - U18 player Yr 13
1 st Sep. '06 – 31 st Aug. '07 - U15 player Yr 10	*We are extending the age range this season to include this age group.

To register and pay

Please can you scan and send a completed registration form to ppadmin@norfolk-hockey.co.uk or post to **Glenn Moore**
29 Ullswater Avenue, South Wootton, Kings Lynn, Norfolk, PE30 3NJ

Please either send a **cheque payable to Norfolk Hockey Association** to the above address or, via **Paypal**, send payment to youthdevelopment@norfolk-hockey.co.uk. *Please check the address carefully. You can pay for more than one player in one payment but remember to add all the players' names.

Further details will be sent out **on receipt of your application and payment**. Maximum numbers apply.

Please note:

We ask for payment to be sent at the same time as your registration form to book your place. Our normal policy of not giving refunds within seven days of a booked camp will, of course, not apply if the camp is cancelled because of Covid 19.



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PLEASE ENSURE COMMUNICATION DETAILS ARE CLEARLY WRITTEN	
Player's Name	
Address	
Email address	
Hockey Club	
School attended	
Date of Birth	School Year in Sept. '21
How did you hear about the camps?	

Date of Camp	Age Group (Please circle) Refer to cover sheet	BOY O/F	GIRL O/F	BOY GK	GIRL GK
Sun 4 th July 10-3	U12 U13 U14				
Sun 11 th July 10-3	U15 U16 U17 U18				
Sun 18 th July 10-3	U12 U13 U14				
Sun 25 th July 10-3	U15 U16 U17 U18				
	Week 1				
Mon 26 th July 2-4	U12 U13 U14			XXXX	XXXX
Tues 27 th July 10-3	U12 U13 U14			XXXX	XXXX
Wed 28 th July 10-3	U14 U15 U16 U17 U18			XXXX	XXXX
	Week 2				
Mon 2 nd Aug 2-4	U15 U16 U17 U18	FULL	FULL	FULL	FULL
Tues 3 rd Aug 10-3	U12 U13 U14				
Wed 4 th Aug 10-3	U14 U15 U16 U17 U18				
	Week 3				
Mon 9 th Aug 2-4	U12 U13 U14				
Tues 10 th Aug 10-3	U12 U13 U14	FULL	FULL	FULL	FULL
Wed 11 th Aug 10-3	U14 U15 U16 U17 U18	FULL	FULL	FULL	FULL
Thurs 12th Aug 10-3	GK Masterclass Aurora Mears- All ages	XXXX	XXXX	FULL	FULL



Date of Camp	Age Group (Please circle) Refer to cover sheet	BOY O/F	GIRL O/F	BOY GK	GIRL GK
	Week 4				
Mon 16th Aug 2-4	U14 U15 U16 U17 U18				
Tues 17th Aug 10-3	U12 U13 U14				
Wed 18th Aug 10-3	U14 U15 U16 U17 U18				
	Week 5 Festival Games				
Mon 23rd Aug 2-4	U12 U13 U14				
Tues 24th Aug 10-3	U12 U13 U14 Girls				
Wed 25th Aug 10-3	U14 Boys U15 U16 U17 U18	FULL	FULL	FULL	FULL
Fri 27th Aug 10-3	U14 Boys U15 U16 U17 U18				

Emergency Contact Details of Parent / Carer.	Name:
	Mobile Number:

Consent form:

Please tick to agree:

I am pleased to allow my son/daughter to participate in the Norfolk Hockey Camps. I consider my son/daughter to be physically fit and capable of full participation. But in the event that s/he is injured when I am not present, I give my permission for First Aiders to obtain appropriate medical treatment on his/her behalf.

I consent to photographs/film footage being taken of my son/daughter on behalf of Norfolk Hockey Association or EHB to be used in local press & on their web sites.

I consent to my son's /daughter's details being held by Norfolk Hockey Association and shared with EHB.

Please give details of any medical conditions that coaches need to know about your child during the camps (for example, medication and allergies).

Signed: Parent/Carer

Date



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