NORFOLK HOCKEY OCTOBER HALF TERM CAMPS 2019

Taverham Recreation Centre

Following on from our successful Summer camps, NHA will be running camps for different groups of players during the half term holidays. All Half Term Camps will run at;**Taverham Recreation Centre**

Beech Avenue, Taverham Norwich, NR8 6HP and will be led by EH qualified coaches.

ACADEMY PLAYERS

Tuesday 22nd October 10am - 3pm Camp for present Norfolk Academy Players born in 2008/07/06/05. Outfield and *Goalkeepers.

£30 per player [2 siblings or more per session @ £25 per player]

Thursday 24nd October 10am - 3pm Camp for present Norfolk Academy Players born in 2008/07/06/05. Outfield and *Goalkeepers.

£30 per player [2 siblings or more per session @ £25 per player]

DEVELOPMENT PLAYERS

Wednesday 23rd October 10am -3.00pm Camp for players NOT presently at Norfolk Academy. Players born in 2008/07/06/05. Outfield and *Goalkeepers

£30 per player [2 siblings or more per session @£25 per player]

* Please note: GKs must have their own kit.

BEGINNERS

Friday 25th October 9.30am – 12.00pm Camp for those in Y5, Y6, Y7 who would like to have a go at playing hockey or who have had taster sessions at school and would like to play some more.

Quicksticks format of the game. Sticks can be provided.

£8 per player. Bring a friend or a sibling and you can both play for £10.

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

To Pay: Please either send a **cheque payable to Norfolk Hockey Association** to the above address or through your **paypal account**, send payment to <u>youthdevelopment@norfolk-hockey.co.uk</u>. 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. Please note no refunds will be made within 7 days of the camp. Maximum numbers apply so please book early to avoid disappointment

HALF TERM CAMPS 2019 APPLICATION & CONSENT FORM

PLEASE ENSURE	СОММИ	NICATION DETA	ILS ARE CLE	EARLY WRI	TTEN		
Player's Name							
Address							
Tel:							
Email address							
Hockey Club and School atter	nded						
Date of Birth:							
Date of camp		Year of Birth	Boy Outfield	Girl Outfield	Girl C	SK.	Boy GK
Tues 22 nd Oct 10.00AM – 3.00 PM <u>Academy</u>							
Wed 23 rd Oct 10:00 AM – 3.00 PM <u>Development</u>							
Thurs 24th Oct 10.00 AM -3.00 PM Academy							
Fri 25 th Oct 930 AM – 12.00 PM <u>Beginner</u>							
	I						
Emergency Contact Details							
of Parent / Carer.	Mobile Number:						
Consent form:						Please tick to agree:	
I am pleased to allow my son/daugl Centre Camps. I consider my son/d But in the event that s/he is injured Aiders to obtain appropriate medical	laughter to when I am	be physically fit and not present, I give	and capable overmiss	of full particip	ation.		
I consent to photographs/film footag Hockey Association or EHB to be u				half of Norfo	lk		
I consent to my son's /daughter's dowith EHB.	etails bein	g held by Norfolk	Hockey Asso	ciation and s	hared		
Please give details of any medication camps (for example, medication			s need to kno	w about yo	ur chil	d dı	ıring the
Signed: Parent/Carer		Dat					