





ENGLAND

HOCKEY

CONSENT FORM 2017

PLAYERS DETAILS:	
Name;	
Address	
Tel:	Mobile:
Email address:	
Hockey Club:	School attended:
Date of Birth:	Age:

I would like to attend the following days:

Date	Age Groups - Birth Year – Boys & Girls	Please tick which camp you are attending
Tuesday 24 th October 10:00am – 2:00pm	2003 – 2001 + Gk'S	
Wednesday 25 th October 10:00am – 2:30pm	2006,2005, 2004 + GK's	
Thursday 26 th October 10:00 – 2:30pm	Goal Keepers Only Camp – All ages	

Emergency Contact Details: Name: Mobi

Mobile Number:

Consent form needs to be completed by parent/guardian of all players attending camps Please tick these boxes to indicate your consent:

I am pleased to allow my Son/Daughter to participate in the Norfolk Hockey October Camps. I consider my Son/Daughter to be physically fit and capable of full participation, but in the event that he/she 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 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 state any medical conditions below that the coaches would need to know about your child during the camps (Include any medication and allergies)

Signed:

Parent/Guardian Date;

To register: Please scan and send a completed registration form to ssa@norfolk-hockey.co.uk or alternatively post to Mrs. Andrea Glover The Old Coach House, Ryston Road, West Dereham , Downham Market, Norfolk PE33 9RL.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>vouthdevelopment@norfolk-hockey.co.uk</u>. You can pay for more than one player in one payment, but just make sure you add all the player's names.