



HOCKEY CAMP 2011

MONDAY 15TH – FRIDAY 19TH AUGUST

APPLICATION FORM

Please complete and send to the address at the bottom of the MEDICAL FORM.

NAME:

AGE:

SCHOOL:

MALE/FEMALE [delete as appropriate]

DAYS ATTENDING [please circle]

Monday	Tuesday	Wednesday	Thursday	Friday
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PARENT/GUARDIAN NAME:

EMERGENCY CONTACT NUMBERS: [1]

[2]

EMAIL ADDRESS:

POSTAL ADDRESS:

I [parent/guardian] give my consent for my child to participate in the Summer Hockey Camp at Belper Hockey Club. I am aware that the pick up point is from the Astroturf gate and that the organisers are responsible for my child between the hours of 10.00am – 3.00pm.

I [parent/guardian] also give my consent to allow photographs to be taken of my child participating in the Hockey Camp. These photographs may be used for marketing purposes and appear on the Belper Hockey Club website.

SIGNED:

DATE:

I enclose a cheque for the sum of £..... payable to 'Belper Hockey Camps'

Please complete Medical Form overleaf. This is COMPULSORY, without this information your child will not be able to participate.