Players Full Name:……………………………………………… Age:………………… Date of Birth:…………………………..

School:…………………………… Club:………………………………Gender:……………Email………………………………….

Medical information & consent (To be completed by Parent or Guardian)

In case of emergency ALL attendees are required to complete this medical information form as accurately as possible. Details will be help securely with access restricted to authorised relevant officers only.

Next of Kin………………………………………………….. Relationship……………………………

Home number……………………………………… Mobile……………………………………………

As far as you are aware, are you allergic to any drugs? (Please state) ………………………………………………………………………………………………………………………………………………

Are you taking any regular medication? If so for what reason? ..................................................................................................................................................................................................

Do you consent to your child being photographed for publicity purposes YES / NO (please circle)

Please circle which camp and day/days you would like to attend (£35 per day)

Old Silhilians Hockey club:

August 15th, 17th, 19th

August 22nd, 24th, 26th

August 31st, September 1st, 2nd

BACS Details: Sort Code 070030. Account Number 59106191 Account Name C W DAVIS

Pay Pal option via the website

Phone: 07841654405 E-Mail: s2hcamps@gmail.com Web: www.stick2hockey.co.uk

Please note refunds will be issued on the following terms: up to 1 month = 75% refund. 1 month – 2 weeks prior to start = 50% refund, less than 2 weeks = No refund. No refund if the weather causes S2H to cancel the session on the day

Signed ……………………………………………… Date……………………………… Relationship……………………………….