



## SUMMER CAMP 2009 HOLCOMBE HOCKEY CLUB



Please complete the required fields below. This registration form will need to be posted, along with a cheque (payable to Holcombe Hockey Club) for £20, to Holcombe Hockey Club, c/o 4 Chequers Court, Strood, Kent ME2 3NG. Places are limited and distributed on a first-come first-serve basis.

Name:	
Address:	
Postcode:	
Home telephone:	
Mobile telephone:	
Email address:	
Date of birth:	
Gender:	
School:	

I agree to my child (full name)

taking part in coaching and playing activities at Holcombe Hockey Club. I consent that in the event of any illness/accident, any necessary treatment can be administered on the advice of a medical practitioner. I also understand while sports coaches and Holcombe Hockey Club personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child. I set out below, or in an attached note, details of any medical conditions from which my son/daughter is suffering, together with details of any treatment and medications currently being taken.

Signature:		Date:	
Name:	<i>(in block capitals please)</i>		

### Medical details: *(Please list all relevant medical details of young person)*

Doctor's name:	
Doctor's address:	
Doctor's telephone:	

Emergency contact information: (in priority order of who should be contacted)		
Name	Relationship	Telephone

I understand that the following disability information is voluntary and I confirm that I understand that I may request at any time for the following information to be removed from the register.

### Please tick if you feel your child has a disability in of any of the following:

<input type="checkbox"/>	Autism	<input type="checkbox"/>	Behavioural	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Learning	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Visual

Disability classification: *(if known)*

I agree for this information to be stored on a Holcombe Hockey Club register for use by the club and its coaches.

Signature:		Date:	
Name:	<i>(in block capitals please)</i>		