Summer Hockey Camp – Penzance

Thursday August 31st 2017 10am – 3pm £22\_\_\_\_\_\_\_\_

Cheques payable to West Panthers

Send to 75 Churchfields Drive, Bovey Tracey, Devon, TQ13 9QU.

Bank Transfer; Lloyds Bank, West Panthers, Sort code: 30-96-06, Account: 00876306

# PERSONAL INFORMATION

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** |  | | | | **AGE** | | | |  |
| **ADDRESS** |  | | | | | | | | |
|  |  | | | | | | | | |
|  |  | | | | **POST CODE** | | |  | |
| **TEL. NO.** |  | |  | | |  | | | |
| **MOBILE** |  | | | | | | | | |
| **E-MAIL** |  | | | | | | | | |
|  | | | | | | | | | |
| **ANY KNOWN MEDICAL CONDITION (including any current medication & known allergies e.g. aspirin, antibiotics, drugs, feathers, food, or any other factors)** | | | | | | | | | |
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|  | | | | | | | | | |
| **I have / have not played before**  **I have my own stick or I would like to borrow a stick**  **Goal Keeper Yes / No. You will need to bring your own kit**  **Please delete….**  **EMERGENCY CONTACTS: -** | | | | | | | | | |
| **NAME/Relationship** | |  | | **TEL. NO.** | | |  | | |
|  | |  | |  | | |  | | |
| **NAME/Relationship** | |  | | **TEL. NO.** | | |  | | |

**CONSENT: -**

·     **I confirm that, to the best of my knowledge, my child does not suffer from any medical condition other than those listed above**

·    **I authorise the leader of the party, or any other adult accompanying the party who may be present, to consent to basic medical or dental treatment (parents will be contacted immediately if any accident occurs)**

**I am happy for photographs to be taken and used in any promotional material**

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNED** |  | **DATE** |  |
|  | **(Parent/Guardian)** |  |  |

Please bring Lunch, drinks, snacks, shin pads, Gum shield (available from local sports shops), Appropriate footwear, coat, spare dry clothing.