**G & H Hockey**

**Venue: St George's Sports & Social Club, TF2 9LU.**

**Date: Monday 15th – Wednesday 17th**

**Age: 10-­‐ 18 years**

**Time: 10.00am-­4:00pm Early drop off available: 9:30am**

**Cost**

1 day - £30 3 days - £75 3 days 2 children - £140

**Coaches**

David Goodfield (GB U23 Development Squad, England Indoor squad, Harvestehuder THC)

 Will Hearne (Ex England International, Bowdon Hockey Club)

If you would like to attend the above camp please complete the attached application form and return it. Payment should be made on the day of arrival with either cash or a cheque made payable to **“David Goodfield”**

**Equipment:** Shin Pads and Gum Shield, bring warm clothing. (Sticks can be provided, but please advise if you need one).

**Lunch:** Ensure you bring a packed lunch with plenty of fluids for the day

**ANY QUESTIONS?:** Please contact **Email:** davegoodfield1@hotmail.com or phone: 07527720187

**G & H Hockey**

**Application Form**

Please complete the attached application form and return it along with **either cash or a cheque made payable to “David Goodfield”**

**NAME OF CHILD ..............................................................................**

**Age: .................School ........................................Male/Female**

**Address............................................................................................**

**Playing position…………………………………………………………….**

**Level played………………………………………………………………….**

**MEDICAL CONSENT FORM**

When did your son/daughter last receive a tetanus injection?

**...............................................**

Does your son/daughter suffer from any of the following: ***Asthma, diabetes, epilepsy?*** If so, please give details, including any other allergies:

**......................................................................................................**

Please give details of any other medical details or anything you would like the coaches to be aware of:

**.....................................................................................................**

I*(Parent/guardian)* give my consent for my child ....................................to participate in the G&H Hockey camp at **St Geroge’s** and I am aware that the pick up point is from the Astroturf and that the organisers are responsible for my child between the hours of 10.00am -­‐ 4:00pm. (9:30am if early drop off)

**Parent/Guardian name ..............................................................**

**Contact telephone number Contact email address**

**....................................................... ........................................................................**

**Days attending:** Please circle as appropriate.

Monday 15th Tuesday 16th Wednesday 17th