

Application for the 2010
Hockey Training Course

Surname_____ Forename_____

Form/Yr._____ Age at 16/02/2010____yrs ____mths

Address_____

_____ Post Code_____

Tel.No: _____

Email: _____

Preferred playing position: _____

Please enclose a cheque payable to '**Deeside Ramblers Hockey Club**'.

I will be attending Tuesday/Wednesday (please delete as appropriate)

Please write '**Hockey Training Course**' on the envelope.

Please advise as to any medical conditions and medication that we need to be aware of:_____

Emergency contact name:

Emergency contact number:

(For use during the course if necessary)

- I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately. I also consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.
- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those identified above.
- I understand that the club accepts no responsibility for my child immediately before or after training session

Signature of Parent/Guardian

Date