**Winchester Hockey Club Camp Registration 2019**

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| --- | --- | --- | --- | --- |
| Surname: |  | | First Name: |  |
| Club: |  | | Date of Birth: |  |
| Address: |  | |  |  |
|  |  | |  |  |
| Post Code: |  | |  |  |
|  |  | |  |  |
| **Contact Person** in case of Emergency: | |  |  |  |
| **Emergency Contact’s Phone Number** (s): | |  |  |  |
|  | |  |  |  |

Medical conditions [e.g. Asthma, epilepsy, allergies to penicillin or plasters, medication taken, etc.] Please give full details: *(use reverse if required)*

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I agree to abide by the Club rules, and codes of practice, which are freely available from the Club’s website.

**Yes / No**

I understand that the use of a mouth guard is strongly recommended for all players.

**Yes / No**

I agree to the above details being held on computer to assist with the camp administration, and the email address to be used for the communication of future camps:

**Yes / No**

I agree that relevant photographs of our child involved in hockey activities within the Club and organised by the Club can be utilised within Club publications & web site. Names of individual children will not be used without obtaining my permission:

**Yes / No**

Declaration: I consider my son / daughter to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that my son / daughter is injured I give permission for the Event manager / coaches appointed by Winchester HC to obtain emergency medical treatment on my behalf.

**Signed (Parent / Guardian):**

**Key Contacts**

**Hockey Camp Manager / Head Coach:** Howard Chaplin-White 07857711101

**Hockey Camp Administrator:** Howard Chaplin-White 07857711101

**Winchester HC Welfare Officer:** Andy Craig 01962 878330

**Juniors Main Contact:** Richard Macer 01962 715699

**Minis Main Contact:** Richard Macer 01962 715699