

**CAMP BOOKING FORM**

Player’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_ School year: \_\_\_\_\_\_\_\_\_\_\_ GK/outfield \_\_\_\_\_\_\_\_\_\_\_\_

Parents Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about this camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS**

(name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFO**

My child has the following known medical conditions (please tick and give details):

Asthma: [ ] Inhaler: [ ]

Epilepsy: [ ]

Diabetes: [ ]

Allergies: [ ]

Other: [ ]

Any other details/information we need to know/disabilities/special info:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ**

I give permission for my child to take part in the Empower Hockey Camps and for the responsible individuals to take action on my behalf during those activities.

I understand that every effort will be made to ensure the safety of my child during hockey activities and I undertake to adequately equip and clothe my child, with safety in mind (particularly the provision of appropriate clothes, trainers, long socks, shin and a gum-shield). I also understand that the organisers may exclude my child from the activities if they believe that their safety or the safety of others is being threatened.

I agree that the coaches of Empower Hockey have my permission to take urgent decisions, including arranging necessary medical treatment, if my child is injured during the hockey camps although I understand that every effort will be made to contact me if such a situation arises.

I understand that the information given on this form may be held on paper and computer files by officers of Empower Hockey but will only be used to ensure the safety of my child and other players, to provide information about hockey activities to me and my child and to assist in running and administering hockey activities. The personal information provided will not be given to others without my knowledge and I have the right to ask for these details to be amended or removed from Empower Hockey’s files at any time.

We occasionally use images of players for publicity purposes.  If you **do  
not** give permission for photographs/video footage to be used by Empower Hockey please tick \_\_\_

Parent/Guardian Signature:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT**

I have made a bank transfer to Emma Hewitt (Empower Hockey) Business Account

Sort code : 60-83-71 Account number: 33445632, for £\_\_\_\_\_\_\_\_\_\_\_\_\_

£40 per day per child, £75 if you book 2 siblings across 1 or 2 days.

**VENUES AND DATES**

My child will be attending the following dates (please tick):

Mon 13th Feb at Dereham HC 10am-3pm \_\_\_\_\_ Years 3, 4, 5, 6

Wed 15th Feb at Norwich City HC 10am-3pm \_\_\_\_\_\_ Years 3, 4, 5, 6

Please return this form (one per child) to [emma@empowerhockey.co.uk](mailto:emma@empowerhockey.co.uk) (Or a screen shot of it)

Children must bring gum shields, shin pads, lunch and water