Players Full Name:……………………………………………… Age:………………… Date of Birth:…………………………..

School:…………………………… Club:………………………………Gender:……………Email………………………………….

**Medical information & consent (To be completed by Parent or Guardian)**

In case of emergency ALL attendees are required to complete this medical information form as accurately as possible. Details will be help securely with access restricted to authorised relevant officers only.

Next of Kin………………………………………………….. Relationship……………………………

Home number……………………………………… Mobile……………………………………………

As far as you are aware, are you allergic to any drugs? (Please state) ………………………………………………………………………………………………………………………………………………

Are you taking any regular medication? If so for what reason? ..................................................................................................................................................................................................

Do you consent to your child being photographed for publicity purposes **YES / NO** (please circle)

Please circle which camp and day/days you would like to attend (£30 per day)

 Old Silhilians Hockey club: August 21st 22nd 23rd 24th 25th 29th 30th 31st 1st

Please make a cheque payable to **Stick2hockey** and send to the address bellow:

Christopher Davis, 12 Rowood Drive, Solihull, Birmingham, B92 9LU,

Phone: 07841654405 E-Mail: s2hcamps@gmail.com Web: www.stick2hockey.co.uk

Please note refunds will be issued on the following terms: up to 1 month = 75% refund. 1 month – 2 weeks prior to start = 50% refund, less than 2 weeks = No refund. No refund if the weather causes S2H to cancel the session on the day

Signed ……………………………………………… Date……………………………… Relationship……………………………….