



Berkhamsted and Hemel Hempstead Hockey Club

Lockhart Field, Cow Roast, Berkhamsted, Hertfordshire HP23 5RF
www.berkohockeyclub.com

Name of child..... Date of Birth.....

School year.....Name of School attended.....

Address.....

Telephone no.....Email
(Please supply an email address to receive updates from BHHHC)

Name of Parent/Guardian.....

Emergency contact mobile phone number (if different from above)
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Does your child have any health problems, allergies or injuries? Yes/No
(If yes, please provide details, including details of any current medication)
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BHHHC has adopted English Hockey guidelines regarding the welfare and protection of children.

I give my permission for the child named above to take part in hockey sessions with BHHHC for the 2008/09 season and understand the risks involved. I consent to:

- Basic first aid being given to my child should he/she sustain an injury.
- Photographs being taken to help us identify children during coaching or during matches which may be used in Club promotional literature, on the club website, or in the local press.
- My child travelling to away matches in transport provided by the club, the coaches, or other parents.
- BHHHC recording and using the above data for the purpose of coaching and administering Colts hockey training, for passing to county/district coordinators if players are put forward for representative teams and informing me of relevant details on request.

Please tick the relevant box(es) below and return completed forms to **Nick Cave, 47 Albert Street, Tring.**

I wish to enrol in the Easter Hockey Masterclass and I understand that the Subscription Fee is £50 and enclose a cheque payable to 'BHHHC' for that amount.

I wish to enrol in the Summer Hockey Masterclass and I understand that the Subscription Fee is £60 and enclose a cheque payable to 'BHHHC' for that amount.

I wish to enrol in both and I understand that the Subscription Fee is £110 and enclose a cheque payable to 'BHHHC' for that amount.

Signed (Parent/Guardian).....Date.....