



SUMMER HOCKEY CAMP

Mon. 1st July – Wed. 3rd July

10:00 am – 12:00 noon

B.R.A Playing Fields, Roughfort

7 – 15 year olds



Contact: Hilary Reid

Telephone: 07802381444

Application form overleaf to be returned by **28th June 2013** to:

Hockey Camp, Belfast Royal Academy, 3-17 Cliftonville Road, Belfast, BT14 6JL

Please complete one application form and medical consent per child.

All information on this form will be treated in strict confidence.

Child's Details

Forename: _____ Surname: _____

Gender: _____ Date of Birth: _____ Age: _____

(Child must be between 7yrs and 15yrs old (inclusive) by the start of the camp)

Named person(s) to collect child: _____ (must be 18 yrs or older)

I agree that my child may make his/her own way home (Please tick if applicable)

Parent /Guardian Details

Forename: _____ Surname: _____

Address: _____ Post Code _____

Daytime Tel. No: _____ Mobile no: _____

Email address: _____

Alternative Contact Name & Tel no: _____

(to be used in emergency if main contact is unavailable)

Please read the following information carefully and sign the bottom to show that you understand and accept the statements. We cannot accept an application without this.

Medical Details

Please note that medicines CANNOT be administered by staff members. If your child has a severe enough condition that it could be affected by physical activity, please enclose a letter from your own Doctor giving consent for your child to take part. **Please give details of any relevant medical history including allergies (if needed, please continue on a separate sheet).**

Photography Agreement

At points during the Camp, photographs may be taken of the children to use on promotional materials. Please indicate by **ticking the box if you DO NOT consent** (Please tick if applicable)

Parent Declaration

In the event of an accident I hereby give my consent for a trained member of staff to administer first aid. In the event of any emergency, if the alternative contact or I cannot be reached, I hereby give my consent for my child to be transported to hospital and/or given any medical, surgical or dental treatment, including general anaesthetic, as considered necessary by the medical authorities present.

I fully understand that if the child is not between 7 and 15 years old, or if their behaviour is unacceptable to Owls LHC, they can be removed without refund. On signing this form I agree to all statements, terms and conditions within it and wish my child to attend the specified camp **enclosing £10 cash or a cheque made payable to Belfast Royal Academy**. Places are limited to 40 participants, therefore early registration is recommended to avoid disappointment. If you would like to discuss any of the points on this form, please contact Owls LHC. Owls LHC reserves the right to cancel or change the course at any time.

Signature: _____ Print name: _____