

# REGISTRATION FORM

Name

Club

School

Age

2015/2016 Two Day Hockey camps £65  
for 2 days

26<sup>th</sup> – 27<sup>th</sup> October 2015

21<sup>st</sup> – 22<sup>nd</sup> December 2015

15<sup>th</sup> – 16<sup>th</sup> February 2016

Any Medication / Allergies

Parent / Guardian's name

Email

Telephone No.

I give my consent for my child to participate in the above coaching camp. I can confirm that my child (named above) is physically fit and able to cope with strenuous exercise. I give my permission for a member of the coaching staff to obtain and authorise medical treatment in my absence should the need arise. I also consent to the use of photography during the camp.

Sign / Date

Please enclose a cheque made payable to 'DBCA' and return to:  
**DBCA, Mill End Farm, Brind Lane, Howden, DN14 7LA**



WORKING IN PARTNERSHIP  
WITH



***TWO DAY HOCKEY  
CAMPS 2015 / 2016***

***At Pocklington School***