SHC logo

##### October Half Term Camp-

##### **10.00am to 3.00pm**

*Parental Declaration and Booking form*

Childs Name…………………………………........................…………… Gender M F

D.O.B…………………………………………………….

Name of Parent/Guardian …………………………………………….............................................................................…………..

***Emergency contact # Relationship:***

..................................................................... …………………………………….

**Please Circle- Outfield Player or Goal Keeper**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **HOCKEY CAMP All abilities age 7 - 16** | | | | | **ACADEMY CAMP AC and PC players only** | | | |
|  | **Thursday** | | **Friday** |  |  | **Thursday** | **Friday** |
| **November** | 1st | | 2nd |  | **November** | 1st | 2nd |
| Tick Days |  | |  |  | Tick Days |  |  |
| CHARGE | 1/DAY | 2 Days | |  |  | Payment method | | |
| 1 Child | £30 | £55 | |  |  |
| 2 Children | £55 | £105 | |  |  | Cheque Cash BACs | | |
| 3 Children | £80 | £135 | |  |  |
|  | Total Payment | £ | | | | Sort code 40-41-18 Account no. 41723464 | | | |

If you pay by BACs, please email the application form to [sheffieldhccamps@gmail.com](mailto:sheffieldhccamps@gmail.com) Fees non-refundable if you do not turn up

Does your child suffer from any medical condition that may prevent him/her from taking part in any specific activity, or that our coaching staff should be aware of (please detail)

|  |  |  |  |
| --- | --- | --- | --- |
| ***I consent to…(please delete as appropriate)*** | | | |
| * My child attending and participating in the Sheffield Hockey Club coaching and competition. | | | **YES/NO** |
| * In the event of any illness/accident, whilst every reasonable step will be taken to contact me, any necessary   Immediate treatment can be administered. | | | **YES/NO** |
| * My child featuring in authorised photographs to be used for promotional purposes | | | **YES/NO** |
| * SHC processing and storing electronically, personal information for administration. It will then be deleted | | | **YES/NO** |
| * That the information provided on this registration form may be used for monitoring purposes. | | | **YES/NO** |
| Signed | Print name | Date | |

………………………………………………………………………………………………………………

Please return the completed form, together with payment unless BACS payment

(cheque made payable to **Sheffield Hockey Club**),

to: **The Barn, Shatton, Bamford, Hope Valley, S33 0BG**

email to**: sheffieldhccamps@gmail.com**

Please return the completed form, together with your cheque payable to Sheffield Hockey Club, to

***Simon law, Hockey Development Officer, T306, Pearson Building, Sheffield Hallam University, Broomsgrove Rd, Collegiate Crescent Campus, Sheffield, S10 2BP***

Email: Simonlaw@sheffieldhc.co.uk