



Booking Form

PLAYER INFORMATION

Name:	Gender:	DOB:	Age:
Current Level (e.g. Beginner, Club, JAC etc.):		Playing Position:	
Address:	Medical Conditions:		
Post Code:	Allergies:		
Club:			
Please circle method of payment:	Bank Transfer	Cheque	

N.B. For bank transfer, Hertford HC Bank Account details are A/c No 45248354 and Sort Code 50-00-00. Please use "SC" followed by player's first last name as payee reference. Make cheques payable to 'Hertford Hockey Club' with player's name on the back.

Age Group	23rd Oct	24th Oct	25th Oct	26th Oct	27th Oct
U8 (Year 3)	xxx	xxx			
U10 (Year 4 & 5)	xxx	xxx			
U12 (Year 6 & 7)	xxx	xxx			
U14 (Year 8 & 9)			xxx	xxx	xxx
U16 (Year 10 & 11)			xxx	xxx	xxx
U18 (Year 12 & 13)			xxx	xxx	xxx

PARENT/GUARDIAN CONTACT INFORMATION

Name:	Relationship to Child:
Home Telephone:	
Mobile Telephone:	
Email:	

Declaration & Photography Agreement

I am aware that there may be times that photographs and/or footage maybe taken during the Holiday Camp by approved agents and/or officers of St Hertford HC. Such images shall only be used, by them, for publicity/training purposes and give consent for my son/ daughter to feature in them for those purposes, including local newspapers, other promotional materials and the club's clubroom and website.

I give my consent for my child to participate in the Hertford HC Holiday Camp. I give permission for a member of staff to obtain and authorise medical treatment in my absence, should the need arise.

Signature: _____

Date: _____

Print Name: _____