**CHELMSFORD HOCKEY CLUB**

Club Development Officer: Sally Dalton, 23 Finchley Avenue. Chelmsford. CM2 9BX

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**JUNIOR CAMP REGISTRATION AND PARENTAL CONSENT FORM**

**29TH AUGUST 2017 PERFORMANCE CAMP for children 12+.**

**JUNIOR CONTACT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Date of Birth |  | M/F |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address |  | | | | |
|  | | | | | |
|  | | | | | | Post Code |  |
| Home Telephone | |  | | Junior Mobile if applicable |  | | |
| What School does your child go to? | | |  | | | | |

**1st EMERGENCY CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian (Name and Relationship) |  | | |
| Mobile |  | Email Address |  |

**FURTHER CONTACTS (required in case of emergency)**

|  |  |  |  |
| --- | --- | --- | --- |
| 2nd Contact |  | 2nd Tel Number |  |
| Doctor |  | Dr Tel Number |  |
| Doctors Surgery |  | | |

**KNOWN MEDICAL CONDITIONS, ALLERGIES, MEDICATION (If None, please state “None”)**

|  |
| --- |
|  |

**EARLY DROP OFF AND/OR LATE PICK UP REQUIRED? (Earliest drop off is 8.30 and latest pick up 5.30)**

Children may wait in the clubhouse before the course starts and afterward it finishes and will be supervised by adults.

There will be a charge of £3 a child for before and/or after school care and £5 for siblings payable on the day in cash/by cheque

Please state what times you will be dropping off and collecting if before and after the start time of 9.30am and the finish time of 3.30pm

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| --- |
| Early drop off time: Late pick up time: |

**CURRENT LEVEL OF HOCKEY, IF ANY (This will help us to allocate participants to an appropriate group)**

|  |  |
| --- | --- |
| How long have you been playing? |  |
| Where have you played? | e.g. school, satellite club, hockey club |
| What level have you played at? | e.g. school, club, county, region |
| If you play for a club what team are you in? |  |
| What other sports do you play, if any? |  |
| Will you need a stick for the camp? |  |

**HOW DID YOU HEAR ABOUT THE CAMP? (e.g. through a friend, teacher at school, at a training session, poster)**

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|  |

**CONSENT**

Please remember that without the Parental Consent Form in our possession we reserve the right to exclude your child from training or matches, as we are not meeting our insurance and child protection duties.

* I agree to my daughter/son taking part in the activities of the Chelmsford HC, and accept that Chelmsford HC will hold the above details on a secure database which will be held confidentially, used only for Chelmsford HC purposes and not passed to any third party.
* I acknowledge that playing hockey carries a small risk of injury, and that the wearing of shin pads and a gum shield will minimise that risk whilst training and for matches. If my child does not wear them for any reason I will not hold Chelmsford HC responsible for any injury sustained as a result.
* I confirm that to the best of my knowledge my daughter/son does not suffer from any medical condition other than those mentioned above, and that I will advise the club immediately of any change.
* I authorise the leader of the party or any Club official accompanying the party who may be present to consent to such medical treatment (including inoculations, blood transfusions or surgery) which in the opinion of a qualified medical practitioner may be necessary during any time when my daughter/son is with Chelmsford HC and away from direct parental control and discretion.
* There may be photographs taken at this event. CHC may use the photographs for promotional material and also as video evidence for feedback purposes and coaching opportunities. All filming and still shot photography will not be labelled with any personal identification. As part of our child welfare policy it is a requirement that the consent of parents/ those legally responsible and the young person is obtained prior to taking photos or filming. Please both complete the following and delete as appropriate:
  + **Name of child**: ……………………………………………………………….
  + I do/do not authorise CHC to use the images resulting from any photo / film shoot. This includes any reproductions or adaptation of the images for all general publicity purposes.
  + **Signature of child**:………………………………………………………… Date: …………………………………………………………
  + **Name of parent or person with legal responsibility of the young person**:…………………………………………………………
  + I do/do not authorise CHC to use the images resulting from any photo / film shoot. This includes any reproductions or adaptation of the images for all general publicity purposes.
  + **Signature of parent/guardian**: ………………………………………………………… Date: ………………………………………………………

**I have sent a cheque / have made an online payment (*delete as appropriate*) for £\_\_\_\_\_\_\_\_\_\_ (£35 per child for 1 day)**

**SIGNED**………………………………………………………………………………………………… Parent/Guardian

**NAME**…………………………………………………… (Please PRINT name in block capitals) **DATE**……………………………

**PAYMENTS**

If paying online please quote your **child’s name** and ‘**AUG CMP 17’** in the reference **Account Name:**  Chelmsford Hockey Club HICA **Sort Code:** 30-91-85 **Account No:** 00997139

If you pay by cheque, please make out to **Chelmsford HC**. Please write your **child’s name** and ‘**AUG CMP 17’** on the back and post to the address at the top of the form.

**T&Cs**

Please note that the camp is subject to demand but 2 weeks’ notice will be given if it is to be cancelled for this reason and a full refund will be made. Payments will not be refunded to participants for cancellations with less than 72 hours notice.

**NEXT STEPS**

Please scan/take a photo & then e-mail or print & post this form to me (see contact details at top of form). I will be in touch nearer the time, however please remember to have suitable footwear (trainers or astro trainers), shin pads & a gum shield.

Thank you for signing up and we very much look forward to seeing you in August! Sally Dalton (Club Development Officer)