



JAB Hockey



Course Venue:		Course Date:	
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APPLICANT INFORMATION (ONE FORM PER ATTENDEE PLEASE)

Name:

Date of Birth:

Gender:

Address inc postcode:

Do you have any health issues / injuries that we should know about?

Do you have / take any medication?

PARENT / GUARDIAN DETAILS

Name:

Relationship to child:

Address inc postcode: (if different)

Contact Number: (HOME)

(MOBILE)

Email:

APPLICANT'S HOCKEY DETAILS - THE IMPORTANT BITS

What level have you played at (school, club, JAC, JDC):

Which school do you attend:

Playing position:

MARKETING

How did you hear about us:

WOULD YOU LIKE TO RECEIVE CORRESPONDENCE ABOUT FUTURE HOCKEY CAMPS:

I understand and agree that hockey is a contact sport and there is the possibility of injury. I therefore, consent to first aid to be carried out in the event of an injury. I agree that Bradfield College may photograph or film the camp for coaching / promotional purposes.

Signature of parent / guardian:

Date:

Payment details: £45 per player per day

Bank transfers are preferable, contact jessica@jabhockey.co.uk if you prefer to send a cheque.

Sort Code – 40-20-32

Account number – 41364324

Account name – Mrs J Woods

Please use the reference details: YOUR SURNAME