



# JAB Hockey



## 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

Have you played and hockey before: YES / NO

Which school do you attend:

## MARKETING

How did you hear about us:

WOULD YOU LIKE TO RECEIVE CORRESPONDENCE ABOUT FUTURE HOCKEY CAMPS AND COURSES: YES / NO

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 JAB Hockey may photograph or film the sessions for coaching / promotional purposes.

Signature of parent / guardian:

Date:

**Payment details: £40 per player for the 6 week course**

Bank transfers are preferable, contact [jessica@jabhockey.co.uk](mailto:jessica@jabhockey.co.uk) if you prefer pay in cash.

Sort Code – 40-47-67

Account number – 45418453

Account name – Mrs J Woods