

HockeyFever courses Booking Form – January 2012

Please complete one for each child on the course

Parent/Guardian Details	
Contact Name:	
Contact Tel.	
Mobile or other emergency contact:	
Email address:	
Address:	
Post code:	

Child Details	
First Name:	Last Name:
Gender: Male/Female	
Date of birth:	Age:
School attended:	

Medical Information and Consent
Please provide medical information relating to any medication, allergies, dietary requirements etc your child may have:
Doctors Name:
Address:
Telephone Number:

If, in the event of an emergency, we are unable to contact the parent/guardian of the child named on this form, it may be necessary to administer medication with the consent of the child's GP or qualified First Aider. In this event I _____ (print name) give permission for a qualified person only to administer medication or give emergency treatment to the child named on this form.

Parents / Guardian Name (BLOCK CAPITALS) _____

Signature of Parent / Guardian _____

Date _____

Number of days on course at £20 each:

Dates on course (please circle): 3rd January, 4th January

