

Andover Hockey Club Junior Section

www.andoverhockey.co.uk



REGISTRATION AND CONSENT FORM

Private and Confidential

Full Name	Date of Birth		
Address			
-	Post Code		
Home Telephone _	<u>M</u> obile		
Parent/Guardian Email (p	lease print clearly)		
Child's School			Year_
Does your child have a di (If yes, please provide de	sability, any health problems, allergies tails, including details of any current m	or injuries? edication)	Yes / No
Ethnic Origin: White / Bla	ack / Chinese / Asian / Mixed / Other (p	olease state)	
Please read the Child Pro	s adopted England Hockey guidelines otection and Equity in Coaching Policy nfirm you have read these documents	documents, fo	welfare and protection of children. cound in the documentation section of our
understand the risks invo Basic first aid be Photographs bei the club website My child particip My child travellir AHC recording a	ing given to my child should he/she su	ey sessions was tain an injury which may be er or at other ed by the club	vith Andover Hockey Club and y. used in club promotional literature, on hockey clubs. o, coaches or other parents.
Signed:			Date:
Print Name:		R	elationship:
		£45 (redu £55* £75	ced to £40 for additional children)
*If your child plays more than	n 3 games for an adult team, then they will l	be asked to pay	an additional £20
Please return the completed consent form with your remittance to Angela Vincent 27 Valley Mead. Anna Valley			

Please return the completed consent form with your remittance to Angela Vincent 27 Valley Mead, Anna Valley, Andover, SP11 7SB cheques made payable to Andover Hockey Club.













