

Cambridgeshire Nomads 2006-07



Data Protection

Information supplied on this form will be used solely for the purpose of playing hockey. Details may be passed on to officials from Cambridgeshire Hockey or the East Regional Hockey Association for the purposes of player development.

PLAYER INFORMATION

Name _____

Date of Birth Day _____ Month _____ Year _____

Address _____

Postcode _____

Telephone _____

Mobile _____

Player Email _____

EMERGENCY CONTACTS (please include mobile telephone number)

Name _____

Telephone _____

Name _____

Telephone _____

Parent Email _____

MEDICAL CONSENT FORM

As with all sports, playing hockey carries a small risk of injury. Please complete the following, and sign and return to your team captain as soon as possible. If you have any queries please do not hesitate to ask.

Parent/Guardian _____

Family Doctor

Address _____

Phone Number _____

Any known medical conditions (including current medication, and known allergies) or other factors:

- I agree to my child taking part in the activities of Cambridgeshire Nomads Hockey Club.
- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those listed above.
- I authorise the leader of the party, or any other appropriate Club member accompanying the party to consent to such medical treatment that in the opinion of a qualified medical practitioner may be necessary during any period when my child is with the Club, and away from direct parent/guardian control and direction.

Signed _____

Date _____