



# Enrolment Form

Summer Ball & Puck Inline Camp 13<sup>th</sup> – 15<sup>th</sup> August 2019

Bordon Roller Rink, Prince Philips Barracks, Budds Lane, Bordon, GU35 0JE

**Please PRINT clearly**

Full Name: ..... Male/Female DOB: ..... Age: .....

Address: ..... Postcode: .....

Phone Number: ..... Email Address: .....

**Please Circle:**

Player Experience: Club / GB and Position you play: Forward / Defence / Goaltender

Emergency contact Name: ..... Phone No: .....

Relationship to you: .....

**Offer! Book before the 1<sup>st</sup> May to receive a 10% early bird discount**

For promotional purposes photographs are taken during AHDUK Camps.

Please tick; I DO  I do NOT  consent to photographs of me being used for promotional purposes

Please Sign: ..... Date: .....

**Cost per Camp is £160 each** (Please Note; £75.00 per person is non-Refundable on cancellations)

**Camp dates:** 13<sup>th</sup> – 15<sup>th</sup> August 2019

We offer 5% sibling discount = £142.50 per child

<b>Total Paid £</b>
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Please provide sibling name/s attending the Camp/s:

1) ..... 2) .....

**IMPORTANT Information Needed for FREE Personalised Camp Jersey**

Circle Jersey Size: 140 – S – M – L – XL Player Number: ..... Surname on the Back: .....

**Please note:** Camp Jerseys have a 3/4-week turnaround on delivery.

**Payment Method:**

- BACs - For Secure Online Bank Transfer; Sort Code – 208458 – Account Number – 53812901
- Scan and email your completed Enrolment form to: [peter.winn@ahduk.com](mailto:peter.winn@ahduk.com) Alternatively; Post your completed Enrolment form to: Mr P Winn, 56 Casterbridge Rd, Swindon, Wilts, SN25 1RD

**IMPORTANT - Waiver – Please read**

Advanced Hockey Development uk and its instructors shall not be held liable for any damages or injury to me however caused. I hereby discharge Advanced Hockey Development uk and its Instructors from all actions and claims I have for any such injury or damage. This waiver covers all on and off ice activities. Participants will be liable for the repair of any damage to the facility.

# Medical History

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Have you ever suffered from the following?

Asthma YES / NO    Diabetes YES / NO    Epilepsy YES / NO    Heart Complaints YES / NO

Are you required to have medication with you when taking part in sport? YES / NO

If Yes, please name your medication and how often you need to take;

.....  
.....

Do you have any allergies? YES / NO

If yes, please specify;

.....  
.....

Do you have any diet restrictions? YES / NO

If yes, please specify

.....  
.....

Have you had any injuries to the head? YES / NO

If yes, please provide date/year? .....

Where you unconscious? YES / NO

If yes, for how long? Hours..... Days.....

Do you have any other illness/ injuries that may affect your participation?

YES / NO

If yes, please specify

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.....

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Signed: .....

Print Name: ..... Date: .....

Contact Number: ..... Relationship: .....

The above medical information will be kept Private and Confidential and will be used for medical emergencies only.

**IMPORTANT** – It is your responsibility to complete a new Medical form if there are any changes whatsoever to your child's health.