



Enrolment Form for Existing Customers Only

Early Bird Discount Valid until 31st March 2019

Skills N Drills Ice Summer Camps 2019

Please PRINT clearly

Full Name:

Tick position you play: Forward Defence Goaltender

Individual cost per Camp is £50 each (Please Note; £40 is non-Refundable on all cancellations)
Offer! Book and pay for 5 or more camps in full before the 31st March 2019, to receive a £25 EB Discount

Saturday Camp dates: *Please circle your option/s*

July: 6th 13th 20th 27th

August: 3rd 10th 17th

We offer 10% sibling discount = £45.00 per child

Please provide sibling name/s attending the Camp/s:

Total Paid £

1) 2)

IMPORTANT Information Needed for Personalised Camp Jersey;

Circle Jersey Size: 140 – S – M – L – XL

Player Number:

Surname on the Back:

Optional – You can order a Personalised Camp Jersey for just £35.00 each plus £5.00 postage

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

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 *alternatively*
Post your completed Enrolment form to: Mr P Winn, 56 Casterbridge Road, 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.

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

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;

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Do you have any allergies? YES / NO

If yes, please specify;

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Do you have any diet restrictions? YES / NO

If yes, please specify

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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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Signed:

Date:

Print Name:

Emergency Contact Number: Relationship:

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