



## Foyle Hockey Club Junior Development Training

Registration Form for parents to complete fully and sign.

Name:- ..... Age:- .....

Primary School:- ..... Class .....

Home Address:- .....

Postcode:- ..... Home Tel No:- .....

**Email contact:-** .....

**Emergency contact name PRINT :-** .....

Mobile number:- .....

Medical Conditions/ Medications / Allergies: .....

.....

### **Permission / Endorsement**

In the event of illness or accident, I give my permission for first aid to be administered where considered necessary by a nominated First Aider, or suitably qualified medical practitioner.

In an emergency I understand that staff will do everything possible to contact the parent/guardian so that they can make the appropriate medical decisions for their child. In extreme circumstances where medical treatment is required without delay, I authorise the leader in charge to give consent for any medical treatment on my/our behalf.

I / we also approve / do not approve of photographs which contain our child's image being used for publicity of the sport.

I confirm that all details are correct to the best of my knowledge and I give my permission for the above named child to take part in the junior hockey coaching sessions provided by Foyle Hockey Club at St Columb's Park.

**NB - As parent(s)/guardian(s) I/we agree to the Club's Child Safety Policy which requires children to be "signed in" on arrival and "signed out" upon collection by a parent/guardian. "Signing In & Out" must be done at the pitch cabin.**

**No child should leave the pitch without ensuring that a Foyle Hockey Club coach /assistant staff is aware of their departure.**

Signed:- Parent/ Guardian ..... Date:- .....

Please **PRINT** name clearly:- .....

**Fee £2 - Wednesdays from 6-7pm at St Columb's Park, Limavady Rd.**

For more info please see website or contact a member of the club committee.