

Chesterfield Hockey Club

Mini Hockey Consent Form

I consent to my child participating in Chesterfield Mini Hockey Club fixtures, coaching and training sessions. I consider him/her fit and capable of full participation. I consent to any medical treatment/first aid needed in the event of an injury to him/her. Although every effort is made to prevent accidents they can happen and Chesterfield Hockey Club cannot be held liable for any injuries incurred.

Full Name of Player:-

Date of Birth:-

Address:-

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Telephone Number:- Mobile:-

Emergency Telephone Number:-

Email(print clearly):-

Any Relevant Medical Facts:-

School:-

Previous Hockey Teams if any:-

How did you hear about us?

I understand that sometimes photographs/videos may be taken of my child for publicity/training purposes and I give permission for this. YES / NO

I understand that if I am not able to transport my child to away fixtures or tournaments then I shall be responsible for any alternative arrangements I make.

Signature of Parent/Guardian.....Date.....