

PARENTAL CONSENT FORM

Event: **WEST DISTRICT SUMMER HOCKEY COACHING**
Dates: **Monday 9th - Friday 13th August 2010**

Locations: P6 and P7 Venue : Top Windyedge, Glasgow Academy
S1 and S2 Venue : High School of Glasgow
S3 and S4/5 Venue : Hutchesons' Grammar School

Pupils attend the camp for the school year that they are in at present and not the new school year.

PERSONAL INFORMATION

Pupils Name: _____
School: _____

D.O.B: _____ **Current School year:** _____

Goal keeper: Yes or No

Size of T-Shirt required : 9-11 yrs, 12-13 yrs, Ladies Small, Medium or Large **Please circle**

E-mail address :

Home Address:

Home Tel Number:

Work Tel Number(s)

Mobile Number(s)

Please provide details of the person whom you have asked to be an emergency contact in the event that the West District is unable to reach you at the above telephone numbers, should there be any problems during the camp:

Emergency contact name:

Emergency contact address:

Emergency Tel number(s):

Relationship (e.g grandparents, friend)

I would like my daughter to attend the above camp and I am her parent or guardian.

Signed.....

Date.....