

PARENT INFORMATION

JUNIOR WEST DISTRICT SUMMER HOCKEY CAMPS
MONDAY 8th – FRIDAY 12th AUGUST 2011

Year Group	Time	Venue
P5 and P6	9am - 12pm	The Glasgow Academy Top Windyedge Astro
P7	1pm - 4pm	The Glasgow Academy Lower Windyedge Astro
Senior 1	1pm - 4pm	The Glasgow Academy Top Windyedge Astro
Senior 2	9am - 12pm	The Glasgow Academy Lower Windyedge Astro
Senior 3/4/5/	1pm - 4pm	Balgray, Kelvinside Academy Astro

Venues and times are subject to change. Confirmation will be sent to schools before the end of the summer term.

Cost for the week = £55 if booked before 10/6/11
Or £60 if booked after 10/6/11
Price includes a free T-Shirt

Please make cheques payable to SSYHAJWD
(Scottish Schools and Youth Hockey Association Junior West District)

Please return your application plus cheque to your hockey teacher at school ASAP as the camps are on a first come first served basis.

Numbers are limited therefore you will be informed whether or not your application has been successful before the end of the summer term.

Should you require any further information please contact Mrs S FitzGerald at jwdshc@tga.org.uk before the 25th of July. Any email after this date cannot be answered till after Monday 8th of August.

Please keep this sheet for your information.

PARENTAL CONSENT FORM

Event: **WEST DISTRICT SUMMER HOCKEY COACHING**
Dates: **Monday 8th - Friday 12th August 2011**

Locations: P5 and P6 Venue : Windyedge, Glasgow Academy
P7 Venue : Windyedge, Glasgow Academy
S1 and S2 Venue : Windyedge, Glasgow Academy
S3 and S4/5 Venue : Balgray, Kelvinside Academy

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.....

MEDICAL AND PHOTO INFORMATION

Please fill out all sections

Name and Address:
of family Doctor
.....
.....

Telephone Number:

Child's Name and NHS Number:.....

Date of last Tetanus Immunisation:.....

Does your child suffer from any of these conditions? If Yes please specify:

<u>Condition</u>	<u>Details</u>	<u>Condition</u>	<u>Details</u>
Asthma Yes/No		Diabetes YES/NO	
Epilepsy Yes/No		Hay Fever Yes/No	
Skin Condition Yes/No		Glandular Fever Yes/No	
Blood Disorders Yes/No		Mobility Problems Yes/No	
Allergies Yes/No		Dietary Requirements Yes/No	

Any other medical concerns, please specify
.....

Any prescribed medication. Please specify dose, frequency, whether self administered.....
.....
.....
.....

PHOTOGRAPHY PERMISSION FORM

We would like your permission to photograph your daughter for possible inclusion in school publications, website and other publicity material. The image(s) will remain the property of Junior West District Hockey.

I give/ I do not give my permission. (please delete)

Name of parent/guardian:
.....