

General/Medical Information Form

Name: _____

Please state any relevant medical conditions we need to be aware of and any medication taken.

Emergency Contacts:

Please provide contact details of two people we could contact in the event of an emergency

Name _____ Relationship _____

Phone _____ Mobile _____

Name _____ Relationship _____

Phone _____ Mobile _____

Your details are protected by the Data Protection Act 1998 and will be held in the strictest confidence by the Coaches and Active Schools.

Photography may be used during the sessions for promotion and publicity purposes. Please tick this box if you DO NOT wish your child to be photographed.

Name of parent/guardian:

Signed:

Date:



Aberdeenshire
COUNCIL



BON ACCORD MBC HOCKEY CLUB



7 WEEK BLOCK

P4-7

Tuesdays 3:45pm to 4:45pm

HOCKEY



Venue: Portlethen Academy,
Astro-turf Pitch

Dates: 30/10, 06/11, 13/11, 20/11, 27/11, 04/12, 11/12

Time: P4-7 3:45 to 4:45pm
Children must be collected on time each day

Activity: Hockey is an exciting fast moving team game. We are lucky to have a new hockey club based at our local pitch, with qualified coaching and matches available to P4-7's.

Cost: £7 for 7 week block
(Concessionary rates apply to families on low income, please contact Claire for more details)
Cheques payable to Aberdeenshire Council

Clothing: outdoor training kit, shine guards, trainers & raincoat!

Refreshments: Please bring water or non-fizzy drinks.

For further information & any queries:

Kevin McNab (Hockey Development Officer)
Telephone 01569 768358/ 07739 511382
E-mail: Kevin.mcnab@aberdeenshire.gov.uk



Claire Perras, Active Schools Coordinator
Telephone 01224 782978 / 07823 536203
E-mail: Claire.perras@aberdeenshire.gov.uk

For registration please return completed form with payment to the first session on the 30th October.



Application Form: Bon Accord MBC Hockey Club

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Age: _____

Class: _____

School: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

PTO

Please return form and payment at the first session – 30th October