

# 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



## 6 WEEK BLOCK

## Tuesdays 5:00pm to 6:00pm

# HOCKEY



Venue: Portlethen Academy,  
Astro-turf Pitch

Dates: 04/09, 11/09, 18/09, 25/09, 02/10, 09/10

Time: S1-S6 5-6pm

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 all secondary pupils.

Cost: £12 for 6 week block  
(Concessionary rates apply to families on low income, please contact June for more details)  
**Cheques payable to Bon Accord MBC**

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

June Vardy, Active Schools Coordinator  
Telephone 01224 782174 (Mondays only)  
E-mail: june.vardy@talktalk.net



**For registration please return completed form with payment to:**  
Your School Office, by Friday 31<sup>st</sup> August.



## 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

**Closing date for applications Friday 31<sup>st</sup> August 2007.**