

### Childs Personal Information

Full name	
Home address	
Home phone	
Mobile phone	
Birth date (DD/MM/YYYY)	
School Attending	
School Year	
Played Hockey last year ?	
What team – if applicable	

### Information ( In case of emergency)

Parents / Guardians Name :	
Emergency Telephone Nr :	

I give permission for the above named child to attend the Youth Hockey Coaching Sessions being held at the Victoria Stadium Hockey Pitch on the set dates and hereby waiver any and all claims against the Gibraltar Sports Authority, the Gibraltar Hockey Association or any of the authorized coaching individuals involved in the Coaching Sessions or any other persons affiliated with the Youth Hockey Coaching Scheme, as a result of injuries sustained by the above named child as a participant .

Enclosed is the £ 20 yearly fee ( non-refundable) to cover the cost of the team strips, hockey balls, cones, goals, etc and all other equipment used in the coaching sessions. (Cheques made payable to the Gibraltar Hockey Association)

*In case of an emergency, I give permission for my child to receive medical treatment from a suitably qualified Individual. I also authorize photos of the above named child to be printed and / or circulated, including the local press, only and solely for the purpose of promoting the sport and reporting on events and results.*

**Full Name of Parent or Guardian :** \_\_\_\_\_

**Signature of Parent / Guardian :** \_\_\_\_\_

**Date :** \_\_\_\_\_

