

Wicklow Hockey Club
Application Form Summer Camp 23-25 August 2011
One form per child

Please fill in all sections using CAPITALS. Thank you!

Child's First Name:
Surname:
Gender:
Age: Date of Birth:

Parent/Guardian Name:
Address:
.....
Phone:
Mobile:
Emergency Contact Number:
E-mail:

I hereby give my permission for (name child) to attend Wicklow Hockey Club Summer Camp 2011. I have read and I agree with the Code of Conduct as presented to me.

Date:
Signature:

I have listened to the Club's Code of Conduct and I will (tick both circles)
 be kind and respectful to my team
 be kind and respectful to my coach.

Child's signature:

I have enclosed summer camp fee €40 (tick circle):
 cash
 cheque

Please make cheques payable to Wicklow Hockey Club. No cash in the post.

Please **return application** form with summer camp fee to:

Wicklow Hockey Club
p/o Klaas Jan de Vries
10 Church Gate
Wicklow Town, Co. Wicklow

Please note club insurance is third party only.