

# Chesterfield Hockey Club

## Mini Hockey Consent Form

I consent to my child participating in Chesterfield Mini Hockey Club fixtures, coaching and training sessions. I consider him/her fit and capable of full participation. I consent to any medical treatment/first aid needed in the event of an injury to him/her. Although every effort is made to prevent accidents they can happen and Chesterfield Hockey Club cannot be held liable for any injuries incurred.

Full Name of Player:- .....

Date of Birth:- .....

Address:- .....

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Telephone Number:- ..... Mobile:- .....

Emergency Telephone Number:- .....

Email(print clearly):- .....

Any Relevant Medical Facts:- .....

School:- .....

Previous Hockey Teams if any:- .....

How did you hear about us? .....

**I understand that sometimes photographs/videos may be taken of my child for publicity/training purposes and I give permission for this. YES / NO**

I understand that if I am not able to transport my child to away fixtures or tournaments then I shall be responsible for any alternative arrangements I make.

Signature of Parent/Guardian.....Date.....