

YOUNG UMPIRE AWARD

9-14 year olds

Application Form and Consent Form

Ely Hockey Club - Sunday 6th September 10.00am – 4.00pm

TO BE COMPLETED BY ALL PARTICIPANTS

(This must be signed by a parent/guardian)

Name of Participant: _____ Date of Birth _____ Club _____

Next of Kin: _____ Relationship: _____

Address _____

Email _____

Emergency Contact number: _____

Do you have any medical condition that we should be aware of? _____

Are you taking any regular medication? If so, for what reason? _____

Please complete by 10th August 2009

Consent (To be completed by the parent/guardian)

- I consent to my son / daughter participating in the Young Umpire Day on the Sunday 6th September 2009.
- I confirm that the information provided above is correct.
- I consent that photographs and or film footage of the day which includes my daughter / son can be used in the local media or by England Hockey and Ely Hockey Club on their website.
- I consent to my son/daughter receiving any medical treatment should it be required during the day. (In the event of an accident or illness on the Course the Course Staff will take appropriate steps, including attempting to contact parents/guardians to deal with this appropriately.)

(Cross out any of the above if you do not agree)

Signed and dated: _____ (Parent/Guardian)

I enclose a cheque for £10 made out to **Ely Hockey Club**. Please return to Trevor Hopkinson, 45 High Street, Haddenham, Ely, CB6 3XB.