

**LIVING HOCKEY CAMP**  
**REGISTRATION FORM**  
*APPLICATIONS CLOSE Friday April 12<sup>th</sup> 2013*

Name: \_\_\_\_\_ Male Female      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_      Postcode: \_\_\_\_\_

Hm Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Club: \_\_\_\_\_      Association: \_\_\_\_\_

Position:      GK      Striker      Midfield      Defender

**Cost:**      **\$60- 1 day (10-3pm) or \$100 for 2 days**  
NB: drop off from 9am and pick up no later than 4.00pm, non hockey activities will occur outside of 10-3pm hockey timeslot for working/busy parents)

Tick day(s) Monday 15<sup>th</sup> \_\_\_ Tuesday 16<sup>th</sup> \_\_\_ Both \_\_\_

**Venue:**      **Newcastle International Hockey Centre,**

Turton Road, Broadmeadow

**Medical Clearance**

In the event of injury, accident or illness, I authorise any officer, servant or agent of the Hockey Clinic to authorise for me or on my behalf any necessary medical assistance or treatment.

Emergency Contact: \_\_\_\_\_      Relationship: \_\_\_\_\_

Relevant Medical conditions: \_\_\_\_\_

Contact Phone No      (H) \_\_\_\_\_      (W) \_\_\_\_\_      (M) \_\_\_\_\_

SIGNED Parent/Guardian \_\_\_\_\_

**Please return form with payment to:**  
**Michelle Mitchell - Living Hockey Clinics**  
**38 Elsdon Street, Redhead, NSW 2290**  
Email [michelle.mitchell16@bigpond.com](mailto:michelle.mitchell16@bigpond.com) for more information

**Cheques/Direct debit made payable to:**  
**Michelle Mitchell**  
**BSB: 06 6147**  
**Account #: 10102075**  
**Bank: Commonwealth Bank**  
**Please put participants name in reference field.**