

**Application Form – HIGHFIELDS HOCKEY COURSE (SCHOOL YEARS 4 to 10)**

This information will be contained on a database for use by authorised club personnel only. We will use this information to ensure that you are kept informed about club events.

Course Date: **Monday 26<sup>th</sup> October 2009**

Venue: **Highfields Sports Club**

Time: **10am – 3pm**

**Please bring a packed lunch and drinks!**

I enclose a Cheque (made payable to Highfields Sports Club Limited) or Cash for £25

**Consent**

Full Name of Player.....

Date of Birth.....

Address.....

Email.....

Telephone Number(s).....

Emergency Telephone Number (Parent/Guardian).....

Any Relevant Medical Facts.....

School.....

Hockey Club.....

I understand that sometimes photographs may be taken of my child for publicity purposes and I give permission for this.

Signature of Parent/Guardian.....

Date.....

Please return this for and payment to Graham Griffiths or send to:

The Barn  
4 Mere Beck  
Ambaston  
Derbyshire  
DE72 3GH

More information visit: [www.highfields.org.uk](http://www.highfields.org.uk)