



REGISTRATION FORM

Student Name.....

Age..... Male/female.....

Parent/Guardian.....

Address.....

.....

.....Post Code.....

Student mobile.....

E-mail Address

Hockey Club..... Years played.....

Age group / Level of play.....

Jersey Size: Please tick actual size worn: ✓ XXS 38" XS 40" Small 42" Medium 44" Large 46" XL 48" XXL 52" XXXL 56" XXXXL 60"
Goaltender's cut: 58" 62" 70"

T-Shirt Size.....

Student placings are limited so apply now to avoid disappointment. Please forward this application form to the following address together with a cheque for £310 made payable to Nathan Craze Elite Goaltending; or an initial deposit of £150 can be made to secure a place with the remainder (£160) paid by June 1st 2012.

Address:- Nathan Craze Elite Goaltending, "Shangri-la", Luther Street, Twynyrodyn, Merthyr Tydfil CF47 0PB.

Any cancellations made after June 1st 2012 will be subject to an administration fee.

You can contact Nathan Craze by e-mail at NathanCraze@EliteGoaltending.co.uk

Please tick ✓ Deposit or full payment

Please reserve a place at Nathan Craze Elite Goaltending, Planet Ice Basingstoke, from 30th July to 3rd August 2012.

The applicant named and their parents or legal guardians agree that Nathan Craze Elite Goaltending , as well as Planet Ice Basingstoke and their staff and instructors shall not be held responsible or liable for any injury, loss or other damages resulting from any cause whatsoever, negligent or otherwise, while in attendance or while on the premises and agrees to release Nathan Craze Elite Goaltending, Planet Ice Basingstoke, their staff and instructors from all claims, damages and costs so resulting.

There will be a newspaper professional photographer at the camp and on - ice filming to assist coaching at Nathan Craze Elite Goaltending

Please only sign this form if you give consent for your child to be photographed and agree the conditions above. Please also complete the medical form and send both to the above address for processing. Thank you.

Signature.....Date.....



Medical Records Form

CONFIDENTIAL MEDICAL INFORMATION USED ONLY IN EMERGENCY SITUATIONS

Name.....

Date of birth.....

1. Are you required to have medication with you when taking part in sport? *Yes / No
If yes, please state.....

2. Have you ever had any of the following?

Asthma *Yes / No

Diabetes *Yes / No

Epilepsy *Yes / No

Heart Complaints *Yes / No

3. Do you have any allergies? e.g. peanuts etc. *Yes / No

If yes, please state.....

4. Have you had any injuries to the head? *Yes/ No

If yes, how long ago?.....

Were you unconscious? *Yes / No For how long - DaysHours..... Minutes.....

5. Do you have any other illness / injuries that may affect your participation? *Yes / No

If yes, please state.....

6. Have you had the following inoculations?

Tetanus *Yes / No Date.....

BCG *Yes / No Date.....

Polio *Yes / No Date.....

Smallpox *Yes / No Date.....

Hepatitis *Yes / No Date.....

Signed

Print Name Date

Relationship

(If under 18 years of age, a parent or guardian must sign above. Please state relationship to applicant)

1st. Emergency contact telephone number.....

Relationship to student.....

2nd.Emergency contact telephone number.....

Relationship to student.....

(*delete as applicable)