

# SCOTTISH HOCKEY SUMMER CAMP APPLICATION FORM 2012

Please return completed form to:  
**SCOTTISH HOCKEY**  
**589 LANARK ROAD**  
**EDINBURGH**  
**EH14 5DA**

**For More Information**  
**Tel: 0131 453 9070 Fax: 0131 453 9079**  
**Email: youth@scottish-hockey.org.uk**

*(Tick which camps participant wishes to attend)*

Non-Residential Camp	Youth Coaching Camp	Girls Development Camp	Player & GK Coaching Camp
Mary Erskine School Edinburgh  Open to 10-14 year olds 2-4 July 2012 (9.30am-3.30pm) Boys & Girls	St Leonards School St Andrews  Open to 10-14 year olds 20-22 July 2012 Boys & Girls	Glenalmond College Perthshire  Open to 14-18 year olds 23-27 July 2012 Girls Only	Strathallan School Perthshire  Open to 14-18 year olds 6-10 August 2012 Boys & Girls
COST- £75 DEPOSIT - £25	COST- £170 DEPOSIT - £50	COST- £300 DEPOSIT - £100	COST- £300 DEPOSIT - £100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*\*A deposit is payable with the application form, and the balance is due no later than one week prior to the start of the camp\*\***

**Personal Details (IN BLOCK CAPITALS)**

**Name of Participant:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** Male / Female      **Name of Parent/Guardian:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone (Home):** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Hockey Experience**

Club/School:

Position:

I enclose a cheque made payable to '**Scottish Hockey Union Ltd**'. (On the back of the cheque please write participant's name and camp they wish to attend.) Please call Scottish Hockey offices to discuss alternative payment methods.

I understand that whilst the organisers and coaches will take every precaution necessary, they cannot be held responsible for any injury or otherwise, however caused, to the above named. *(The section must be signed by parent / guardian)*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



**MEMBERSHIP DISCOUNT** - Scottish Hockey members receive a 10% discount

**Are you a member of Scottish Hockey?** Yes / No (please circle)

If yes, please complete the following information to receive the 10% discount:

**Your Membership number (if known):** \_\_\_\_\_

**Your Club name:** \_\_\_\_\_

**Your School name:** \_\_\_\_\_

**How did you hear about the Scottish Hockey Camps? (please tick)**

Scottish Hockey Website       Word of Mouth       Summer Camps Poster       Other \_\_\_\_\_

**Have you attended one of Scottish Hockey's Camps before?** Yes / No (please circle).

# SAFE IN CARE- SCOTTISH HOCKEY PARTNERSHIP WITH PARENTS

## Parental Consent Form - Scottish Hockey Summer Camps

Scottish Hockey values the involvement of children in our sport. We are committed to ensuring that all children have fun and stay safe whilst participating in Hockey

To help us fulfill our joint responsibilities for keeping children safe Scottish Hockey has introduced Safe in Care Guidelines. These guidelines tell you what you can expect from us when your child participates in Hockey and details the information we need from you to help us keep your child safe.

We need you to complete this form (including parts 1-4) and to let us know as soon as possible if any of the information changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know e.g. a team manager or first aider.

**Name of Child:** \_\_\_\_\_

**DoB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I am aware of the Safe in Care Guidelines for Hockey and agree to work in partnership with Scottish Hockey to promote my child's safe participation in hockey.

I understand Scottish Hockey will listen to the views of my child in relation to all matters affecting them and require to respect my child's ability to give their own informed consent.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Print Name:** \_\_\_\_\_

**(Please state relationship to child if not parent)**

\_\_\_\_\_

## TRANSPORTATION OF CHILDREN (Part 1)

*I CONSENT / I DO NOT CONSENT (delete as appropriate)* to my child being transported by persons representing Scottish Hockey or one of its individual members or affiliated clubs for the purposes of taking part in the above activity.

I understand Scottish Hockey will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE) (Part 2)

Your child may be photographed or filmed when participating in Scottish Hockey activity. All reasonable steps will be taken to obtain parental consent. In the absence of any explicit objection, those responsible will act in the best interests of the child which may include assuming parental agreement for the above reasons.

*I CONSENT / I DO NOT CONSENT (delete as appropriate)* for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in Scottish Hockey Safe in Care Guidelines (Promotion, Performance Analysis, Reporting, etc)

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Code of Conduct and Procedures (Part 3)

A breach of the following will be deemed serious. The coaching staff will deal with any minor rules broken appropriately.

- Leaving of the sports/residential grounds without the organisers/coaches permission
- Causing deliberate damage or defacing any piece of furniture or equipment
- No female or male will be able to enter bedrooms / areas that host the opposite sex. Any part of the person beyond the point of the threshold will be deemed inside.
- Verbally abusing any participant, coach or any facility-centre-staff member.
- Physically abusing any participant or any other person at or around the facility.
- Taking of any form of alcohol or any illegal substances.
- Breaking of any curfew rulings that are clearly stated by staff, unless due to illness or use of any toilet
- Breaking of any curfew/quiet time ruling made by any staff.
- Breaking the rules set out by the centre.

### Parent / Guardian Agreement

I \_\_\_\_\_ **parent/guardian** of \_\_\_\_\_ agree to the code of conduct that is set out by the Scottish Hockey for their activities. I understand the procedures and the outcomes involved and I am in agreement that these procedures should be carried out.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Child Agreement

I \_\_\_\_\_ agree to abide by the rules set out by the Scottish Hockey for their activity and I am aware that any breach of this code will incur action taken by the appropriate agencies.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Medical Information and Consent (Part 4)

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

General Practitioner Name: \_\_\_\_\_

Address of GP: \_\_\_\_\_

GP Telephone Contact: \_\_\_\_\_

Please complete the following details. If none, please state "none".

Any pre existing medical conditions that may affect the child's participation in Hockey:

\_\_\_\_\_

Any medication or treatment required:

\_\_\_\_\_

Any existing injuries (include when injury sustained and treatment received):

\_\_\_\_\_

Allergies including allergies to medication

\_\_\_\_\_

### **TO BE COMPLETED BY PARENT**

I consent to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

I undertake to inform Scottish Hockey should any of the information contained in this form change.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_

**Print Name :** \_\_\_\_\_

**Relationship:** \_\_\_\_\_