



MASTERCLASS

Last name: _____ First Name: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

Club: _____ School: _____

Please disclose any disabilities and/or any requirements you might have for the session:

Please disclose any medical conditions (asthma, diabetes, allergies, existing or previous injuries etc) and specify any medication which will, or may need to be taken during the session:

Parent/Guardian and Emergency Contact Details

Full Name: _____ Relationship to player: _____

Address: _____

Mobile contact number: _____ Email address: _____

Do you give consent to your child being photographed or videoed for publicity purposes: YES / NO (please circle)

Venue: _____

Date: _____

1 day ☐ 2 days ☐Please make cheques made payable to 'ONE-HOCKEY' or pay cash on the day. Bank transfer is available, please contact info@one-hockey.com**Cheques can be sent to: ONE-HOCKEY, 40 Bell Avenue, Bowburn, Durham, DH6 5PJ. Tel: 07540 750 362****Terms and Conditions:**

1. Cancellation policy is as follows: 21 days or more - full refund; 1-21 days, 50% refund. There will be no refund for cancellation 48 hours before the session.
2. One-Hockey reserves the right to cancel the session at any time due to insufficient numbers.
3. One-Hockey reserves the right to change coaching staff at any point, but will endeavour to replace any coach with one of the same level of experience.
4. One-Hockey reserves the right to refuse entry to the session if we believe any attendee is causing damage to the facilities or is being disruptive to others.
NO refund will be given under these circumstances.
5. I agree that hockey can be a physical sport and that injury may occur. I therefore consent to first aid being given (by a qualified first aider) in the event of any injury.

I have read and agreed to the above terms and conditions and give my permission for the named participant to take part. I also confirm that the above information is correct.

Print Name: _____ Signature: _____ Date: _____



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Working with:

