



# HOCKEY COACHING COURSES SUMMER 2010

Do you want to take up a new sport  
or improve your Hockey skills?

Come along to the **OLTON HOCKEY** coaching courses.  
Designed to suit all abilities (ages 10 - 16 years).

**Monday 26th and Tuesday 27th July**  
**Monday 16th and Tuesday 17th August**

**From 10.00am - 4.00pm**

Cost £50 per two day course  
(includes Olton Hockey T-shirt)

Courses coached by fully qualified  
coaches and international players

**led by Nisar Chaudhry**  
- England Hockey Junior Regional  
Performance Coach

**Boys and Girls welcome**

Please complete the form attached and return with  
the full cost to : **Carrie Lowndes, 26 Bondfield Road,**  
**Birmingham B13 0JA Tel; 07968 774404**

Cheques made Payable: to Olton Hockey Club  
All applications must be received by 16th July 2010 for the  
July course and 10th August 2010 for the August course

## PLEASE BRING WITH YOU ON THE DAY:

• A Packed lunch • Drinks (enough to last the day) • Protective gloves, shin and  
mouth guards • Wet weather clothes • Sun cream/hat • Inhalers/medications



Olton & West Warwickshire Hockey Club,  
Grange Road, Olton, Solihull B91 1DA

# CONSENT FORM AND MEDICAL INFORMATION



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

Course Date: Monday 26th and Tuesday 27th July

Monday 16th and Tuesday 17th August

I enclose £ \_\_\_\_\_ as full payment.

£50 per two day course (one day is available for £30, please indicate the required day here \_\_\_\_\_)

## MEDICAL INFORMATION

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, etc.)

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By returning this completed form, I agree to my son/daughter in my care taking part in the activities of the club. I understand that I will be kept informed of these activities – for example timing and transport details. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/guardian: \_\_\_\_\_

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

\_\_\_\_\_

Contact Numbers: (mobile) \_\_\_\_\_

(home) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS (FOR DAY IF DIFFERENT TO ABOVE)

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name (e.g. parent/guardian): \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

**ALL CHILDREN WHEN DROPPED OFF AND COLLECTED MUST SIGN IN/OUT WITH HEAD COACH.**