

HOCKEY PERFORMANCE ACADEMY HOCKEY CLINIC CONSENT FORM

Please circle the venue you will be attending: **Goulburn**

Name	
Age	
DOB	
Allergies/ Medication	
Injuries	
Parent/Emergency Contact Name	
Parent/Emergency Contact Mobile	
Email	

Terms and Conditions

- I give permission for my son/daughter to participate in the Hockey Performance Academy coaching clinic and I confirm that my son/daughter can undertake strenuous exercise.
- I consent to first aid being administered if required in my absence
- HPA reserves the right to cancel the clinic due to insufficient numbers
- Cancellation Policy:
 - Cancellation Within 12 hours - NO refund.
 - Cancellation 12 – 24 hours of clinic - 75% of cost refunded.
 - Cancellation 24 hours or more in advance – full refund

Signed..... **Date**.....

Photography Consent

- I give permission for photos of my son/daughter to be taken during the clinic and for these photos to be posted on HPA Facebook page and/or website. **Please circle: YES NO**

Signed..... **Date**.....

