

2018 Adult Hockey Clinic will consist of:

- 2 hours ice time per day
- Structured, varied and fun filled afternoons
- Classroom Instruction Q and A interaction with coaching staff
- Souvenir Hockey jersey for all participants
- End of clinic game and prizes



The Clarke and Co. Adult Hockey Clinic

**Planet Ice
Peterborough
26th to 28th May 2018**



The Adult Hockey Clinic is open to Male and Female recreational hockey players aged 18+ years. Experience is not a priority, we will cater for all abilities.

**Planet Ice, Peterborough
Arrival 2:30pm – Depart 6:30pm
(Sat, Sun & Mon)**

**Cost of Clinic £175
Deposit £100**

Please read and complete the form overleaf and return to David Clarke and Co Hockey clinic

Clarke and Co Clinic Staff Feature:

David Clarke (Nottingham Panthers), Corey Neilson (head coach Nottingham Panthers), Stevie Lee (Nottingham Panthers), Tom Norton (Peterborough Phantoms), Luke Ferrara (Sheffield Steelers), Ollie Betteridge (Nottingham Panthers). Plus more to be confirmed.

Clarke & Co Hockey Clinics reserve the right to cancel the camp at any time, full refunds will be given in this eventuality.

For further information please contact David Clarke by email at info@clarkeandcohockey.co.uk

Clarke and Co Adult Hockey Clinic Enrolment Form
Clinic Date: 26th to 28th May 2018 (Peterborough)

Medical Records

Name Age.....

Address

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

Phone Number

Email Address.....

Current Club and Years Played

Registration Number

Position played

Please complete: I DO / DO NOT consent to photographs of me on the Clarke and Co Hockey clinic being used for promotions purposes.

Select Jersey Size - XL, XXL, XXXL, XXXXL (Shirt manufacturer Rhino Sports)

Name..... Number.....

Emergency Contact Details

Name of person to contact in an emergency

..... Phone Number

Relationship to student.....

Cost of camp £175. This money must be paid 21 days before the camp commences. Please enclose either full payment or an initial deposit of £100 to secure a place on the Clinic.

Payment can be made by Bank Transfer.

Please use the Student Name as reference.

Account Name: Clarke & Co Hockey Account No. 53199657 Sort Code 20-67-40

Full Payment: YES / NO Deposit: YES / NO

To enrol on the Hockey Clinic please scan or photograph the completed form and email it to info@clarkeandcohockey.co.uk

Have you ever suffered from the following?

Asthma YES / NO Diabetes YES / NO

Epilepsy YES / NO Heart Complaints YES / NO

Are you required to have medication with you when taking

part in sport? YES / NO

If Yes, what kind

Do you have any allergies YES / NO

If yes, please specify

Diet Restrictions YES / NO

If yes, please specify

Have you had any injuries to the head? YES / NO

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

Where you unconscious? YES / NO

If yes, for how long? Hours..... Days.....

Do you have any other illness/ injuries that may affect participation YES / NO

If yes, please specify

Have you had the following inoculations?

Tetanus YES / NO Smallpox YES / NO

BCG YES / NO Hepatitis YES / NO

Polio YES / NO

Signed Date

Print Name

The above medical information will be retained in confidential files and is for use in emergencies only.

The applicant named on this application form agrees that the Clarke and Co Hockey Ltd as well as Planet Ice and their staff 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 Clarke and Co Hockey Ltd as well as Planet Ice and their staff from all claims, damages and cost resulting there from.