

# Summer Hockey



## Sessions



Tuesday Nights from the 3<sup>rd</sup> June  
Boys and Girls  
4:30pm – 5:30pm Years 4, 5 & 6  
5:30pm – 6:30pm Years 7, 8 & 9  
Just £1

East Grinstead Sports Club is running summer hockey drop-in sessions on Tuesday nights.

These will take place on the water-based pitch and will cost just £1 for an hour of coaching and matches.

The times of the sessions are:

|                 |                |                |
|-----------------|----------------|----------------|
| 4:30pm – 5:30pm | Years 4, 5 & 6 | Boys and Girls |
| 5:30pm – 6:30pm | Years 7, 8 & 9 | Boys and Girls |

Starting on Tuesday 3<sup>rd</sup> June, the sessions will run for 6 weeks with the last one on the 8<sup>th</sup> July.

These sessions are open to all players irrespective of experience or what club, if any, you play for.

Just turn up and play. Sticks can be provided but please wear shin pads. A gum shield is highly recommended.

Before attending you will need to register with the Sports Club by filling in the attached form. This can be done in advance or completed on the night.

Any questions please call the Club on 01342 321210.



# Summer Hockey Registration Form

Please bring along to the first session you attend.

Childs Full Name:  Male  Female

Address:

Date of Birth: School:

Name of Parent/Guardian:  
Address (if different from above):

Tel (day): Tel (eve): Tel (mob): Email:

### Relevant medical information the Club should be aware of:

Does your child suffer from? Asthma  Diabetes  Epilepsy  Heart Problems

Allergies (please give details):

Joint/Movement problems (please give details):

Any other relevant conditions?

Does your child have any known special needs?

Does your child have any cultural or religious needs?

Name & Address of person collecting child (if different from Parent/Guardian):

Tel No:

Details of child's doctor:

Tel No:

I consent to any emergency medical treatment necessary during my child's time at EGSCC. I authorise EGSCC management to sign any written form of consents required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety. **Yes**  **No**

Where did you hear about us?  Friend  EGSCC  School  Newspaper  Other (please state)

Undertaking: I understand that neither East Grinstead Sports Club nor their servants, agents or employees are under any liability whatsoever in respect of personal loss or damage or injury, howsoever rising, to the above-named person, whilst taking part in any of the Clubs activities. Refunds will not be given in the event of rain: alternative indoor activities will be organised where possible. All activities and courses are subject to demand. EGSCC reserve the right to cancel such activities as necessary. I have read, understood and agree to abide by the 'Admissions policy' and the above regulations.

NAME \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

### Office Use Only

|               |              |            |
|---------------|--------------|------------|
| On Database:  | Paid:        | KPI Sheet: |
| Processed by: | On register: | Date:      |

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