



# DROMORE LADIES

## HOCKEY CLUB

**Junior Co-Ordinator:** Mrs. Andrea Wilson

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Visit Us Online At:

[www.dromoreladieshockeyclub.com](http://www.dromoreladieshockeyclub.com)

### JUNIOR MEMBERSHIP FORM 2011-2012 SEASON

Child's Full name:				
Address & Post Code:				
Home Telephone Number:				
Date of birth:				
Primary / Year for September 2011 – <b>Please circle.</b>	P3	P5	Yr8	Yr10
	P4	P6	Yr9	Yr11
School Attending:				
Is your daughter able to play matches on Sundays:	<b>Please circle -</b> Yes		No	
Parent / Guardian Email:				
Emergency contact: 1	Name: Number:			
Emergency contact:2	Name: Number:			
Details of any special dietary requirements/ allergies / disability /medical conditions:				
Any other special needs, requirements or directions that the coaches to know about:				
GP/Doctor's name and Tel No:	Name: Number:			

\*\*Any contact details e.g. telephone number or E-mail address given should not be that of the child. This could make children vulnerable and is considered poor practice. For a child/young person these details should be those of the parent/carer.

**I give my permission for my daughter to participate in the program and I understand that while taking part injuries may occur for which coaches are not directly responsible.**

SIGNED \_\_\_\_\_ Date \_\_\_\_\_  
Parent/guardian

If any further information is required please do not hesitate to contact either the Welfare Officer or Junior Co-ordinator at the above details.

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