



To book your place:

Text or call Gordon on 086 859 0888

or Email buzzhockeyacademy@gmail.com



**Please state age, name of child, parent's contact number and which camp you wish to attend.



APPLICATION FORM:

Child's name: _____

DOB: _____

Address: _____

School: _____

Camp (Junior/ Senior) : _____

Parents Name & Contact No: _____

Parents Email: _____

Does the child have any disabilities / illnesses / allergies / special needs or are they on any medication that camp leaders need to be aware of: **Yes / No**

If you circled 'Yes' please provide details: _____



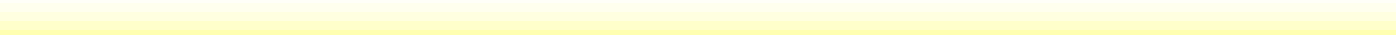
I give permission for my child to walk home at the end of the camp: **Yes / No**

I will pick up my child at the end of the camp: **Yes / No**

I hereby give permission for my child to be photographed at the Buzz Hockey Academy Camp. (Buzz Hockey Academy reserves the right to publish any photographs taken during the event on its website and in its publications and/or to issue same to local and national newspapers/magazines and also certs that could be issued at the end of the camp) **Yes / No**

I have read, and made my child aware of, the Procedures and Guidelines for 2020 Oct Midterm camps: **Yes/No**

Parents / Guardian's Signature:



If necessary, please post application forms to:

Buzz Hockey Academy,

Fairway, Ballinclea Rd., Killiney, Co. Dublin

