

# Ladies Roller Hockey Day Booking Form

Name	
Contact Number	
E-mail Address	
Date of Birth	
Age	
Roller Hockey Club	
Position (outfield / goalkeeper)	
How long have you been playing Roller Hockey for?	
Emergency contact name and number on the day	
Do you have any medical conditions we should be aware of on the day?	



## Photography

During the day photographs may be taken to document the day and used to publicise this and future England Ladies Roller Hockey events. If you do not

wish to be included in any photos, please tick here.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If under 18, please include a signature of a parent or guardian:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed \_\_\_\_\_

