

# Alchemy Lacrosse Camp 2018

run by Hawks Lacrosse Club



Tuesday 28th, Wednesday 29th and Thursday 30th August 2018  
from 9:30am to 3:30pm

- Pre-season training, tailored for your age group and ability from yr4 to yr10
- Bring lunch, water, suncream and waterproofs!
- Everyone must bring and use gumshields, goggles are optional
- We can provide sticks if required

**COST**  
£40 per day  
£30 per day for 2017/18 Hawks members

**VENUE**  
Berkhamsted School  
Chesham Road Field  
Chesham Road  
Berkhamsted  
HP4 3AH

Hawks is a local, friendly lacrosse club with junior and senior sections. We are Clubmark accredited. All our coaches are fully qualified, DBS checked and trained in First-Aid. Come along and have a go!

[www.pitchero.com/clubs/hatchendhawks](http://www.pitchero.com/clubs/hatchendhawks)  
E: [playhawkslacrosse@gmail.com](mailto:playhawkslacrosse@gmail.com)

REGISTRATION PREFERABLY by using this GOOGLE LINK:

<https://goo.gl/forms/qmhEG1zsvWPzw0OD2>

Payment on line by Bank Transfer to: Hatch End Hawks Lacrosse Club

Sort code: 40-40-01, Account no: 62500973

Please give reference of ALCHEMY CAMP/your child's surname

Alternatively, register by post, with payment by cheque, (one form per child please) to Jo Marriott, Membership Secretary, Hawks Lacrosse, Waveney Cottage, Hudnall Lane, Little Gaddesden HP4 1QE. Cheque payable to 'Hatch End Hawks Lacrosse Club'.

Surname:		Firstname:	
Hawks 2017/18 member	YES: £30 PER DAY	NO: £40 PER DAY	
School & School Year	(at September 2018)		
Medical conditions			
Lacrosse experience			
Camp dates (tick req)	Tue 28 <sup>th</sup> Aug	Wed 29 <sup>th</sup> Aug	Thu 30 <sup>th</sup> Aug
Parent/Guardian name			
Parent/Guardian e-mail			
Parent/Guardian emergency number			
<b>Parental Consents (please tick)</b>			
<input type="checkbox"/> I agree to my child taking part in lacrosse training and/or matches.			
<input type="checkbox"/> I consent to Hawks Lacrosse Club taking photographs of my child. These may be used on the restricted access Hawks website.			
<input type="checkbox"/> In the event that Emergency treatment is required, every effort will be made to contact the parent or legal guardian immediately. Should this prove impossible, I agree that the Hawks representative may exercise his/her own judgment in calling an ambulance/transporting the child to A&E.			
<input type="checkbox"/> I consent to my data being processed in accordance with Hawks Lacrosse Club's Data Privacy Policy. Please see <a href="http://www.pitchero.com/clubs/hatchendhawks">www.pitchero.com/clubs/hatchendhawks</a> for full details:			
Parent's Signature			

