#### **NORFOLK EASTER HOCKEY CAMPS 2023**

#### Taverham Recreation Centre Beech Avenue, Taverham Norwich, NR8 6HP

Sessions led by EH qualified coaches.

Norfolk Hockey Centre/Development camps 10am - 3pm £15 per player per session; £10 for any sibling

Y5/6 Camp 12pm – 3pm £10 per player

Norfolk Hockey Centre Skills Clinic 1pm – 3pm £10 per player

## **Norfolk Hockey Centre Players**

Thursday 6<sup>th</sup> April Outfield School Years 7-13

Tuesday 11<sup>th</sup> April Outfield and GKs \* School Years 7-13

Friday 14<sup>th</sup> April Outfield and GKs\* School Years 7-13

Thursday 13<sup>th</sup> April Outfield Skills Clinic School Years 9-13

**Development Players** (Experience of playing hockey but not presently at the Norfolk Hockey Centre.)

Wednesday 12<sup>th</sup> April Outfield and GKs \* School Years 7-11

## Y5/6 Players 12pm-3pm

Wednesday 12<sup>th</sup> April Outfield and GKs \*

\*GKs must have their own kit

#### 2 DAY GOALKEEPER CAMP for TA, Hockey Centre and Development Gks Y6-13. Led by Aurora Mears.

# Tuesday 4th and Wednesday 5th April

Aurora is an experienced coach and National League GK, presently at Canterbury HC, and was in the GB development squad from 2016-18. She runs her own GK coaching company The Goalie Guide

There is a separate form for this camp. Please use the email below to request it.

**To register**: scan and send a completed registration form to countytalentsystem@norfolk-hockey.co.uk or post to Mary Cheesman 80 Mundesley Road, North Walsham, NR28 0DB

To Pay: send a cheque payable to Norfolk Hockey Association to the above email address or send payment via PayPal to youthdevelopment@norfolk-hockey.co.uk. stating the players' name. If you are paying for more than one player please pay in one payment stating all the players' names.

Places are confirmed on receipt of both form and payment. No refunds will be made within 7 days of the camp booked. Maximum numbers apply. Refunds will be made minus any PayPal fees.

Registration and Consent Form					
Player's Name					
Address					
Email address					
Hockey Club and School attended					
Date of Birth					
Date of camp	School Year	Boy Outfield	Girl Outfield	Boy GK	Girl GK
6 <sup>th</sup> April NHC 10am-3pm					
11th April NHC 10am-3pm					
14 <sup>th</sup> April NHC 10am-3pm					
13 <sup>th</sup> April NCH Skills Clinic 1pm -3pm					
12th April Development 10am-3pm					
12 <sup>th</sup> April Y5/6 12pm - 3pm					
Emergency Contact Name: Mobile Number:					
	1				
Consent form:					Please tick to agree:
I am pleased to allow my child to participate fit and capable of full participation but in the First Aiders to obtain appropriate medical t	e event that s/he i	s injured when I am r			
I consent to photographs/film footage being social media.	g taken of my child	d on behalf of Norfolk	County Hockey to be u	used on their	
I consent to my child's details being held by Norfolk County Hockey					
Please give details of any medical conditionallergies.)	ns that coaches n	eed to know about yo	our child during the cam	nps (eg medica	tion and

Date:

Signed: Parent/Carer