

Once your child's place has been booked on the camp a full timetable for the camp will be sent out along with the consent form.

Child's name.....DOB.....

School.....

Playing Position.....

Parent/Guardians Details

Name.....

Address.....

.....Postcode.....

Contact Number.....

E-Mail.....

I give permission for the Glasgow Hawks medical team to provide first aid or physio treatment as required.

Signed.....

please inform us of any relevant medical conditions

Medical Information - There will be a full medical cover at the whole camp by the Glasgow Hawks Medical team.

Return Address -

Glasgow Hawks RFC, The Pavilion
Old Anniesland,, 689 Crow Road
Glasgow, G13 1PL

Method of payment

Enclose a cheque made payable - **Glasgow Hawks Rugby Club** for the total amount of £165

For more details contact Glasgow Hawks Development Manager Mike Adamson

mikeadamson@glasgowhawks.com

