

**APPLICATION FORM**

To be returned to: The Academy Director,  
1 Glenfield, New Road, Greetland, HX4 8JW

*I wish to apply for membership of HHC Junior Academy:*

Childs Full Name: \_\_\_\_\_

D.o.B.: \_\_\_\_\_ Present School: \_\_\_\_\_

**Parent / Guardian Details: Dr / Mr / Mrs / Ms / Miss**

Surname \_\_\_\_\_

Forename \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone: home: \_\_\_\_\_

work: \_\_\_\_\_

mob: \_\_\_\_\_

e-mail: \_\_\_\_\_

*If your child has any special needs please enclose details on a separate sheet - Thank you.*

**I WISH THE ABOVE NAMED CHILD TO BE INVOLVED IN THE ACTIVITY AS STATED OVERLEAF AND AGREE TO PAY THE CHARGES ACCORDINGLY. I UNDERSTAND THAT I MUST INFORM THE ACADEMY DIRECTOR ASAP IF THEY PLAN TO STOP ATTENDING SESSIONS EITHER PERMANENTLY OR TEMPORARILY DUE TO ILLNESS, INJURY ETC**

signed: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

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**ACTIVITIES APPLIED FOR:**

level	DAY & TIME	Tick class required
By invitation only Senior club training (for older juniors )	Tuesdays 7..00-9 (female) Wednesdays 7.00-9.00 (male)	
New players	Players will be advised as appropriate	
U14-U16 girls	Thursday 7.15-8.30	
U10/12 Boys	Wednesday 6-7.15	
U10/U12 girls	Thursdays 6-7.15pm	
U14 & U16 Boys	Mondays 6.00 -7.15	

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**Equal Opportunities – monitoring information**

**Ethnic Origin: please circle which category you believe your child fits into**

**(A) White (B) Asian (C) Black (D) Other**

**Photographs may be taken during coaching sessions and at matches to release into the local press. If you have any objections to this please contact the academy director**

**New Players-please indicate which days you are available**

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