

**Consent Form**

*One Form per Child*

Player's Name: .....

Male / Female: ..... Age: ..... D.O.B: .....

Known Medical Conditions: .....

.....

Home Address: .....

.....

.....

School Attended: .....

**Contact Numbers**

Name: .....

Home: ..... Mobile: .....

Name: .....

Home: ..... Mobile: .....

Parent/Guardians Name: .....

Parent/Guardians Signature: .....

**Date(s) chosen to attend (please tick)**

Wed 15<sup>th</sup> Feb

Thu 16<sup>th</sup> Feb

Fri 17<sup>th</sup> Feb

£15 per day or £36 full 3 day course

**TOTAL AMOUNT PAYABLE £.....**

***PLEASE RETURN TO***

1st Class Football Coaching, 101B The Straits, Lower Gornal, Dudley, DY3 3AL

