



# Ramsgate Football Club

## Soccer School Booking Form



Please ensure you complete all the details so we can process your application as soon as possible. All information will be dealt with in the strictest confidence.

Child's Name: .....

Address: .....

.....

Home Tel: ..... Daytime No.: ..... (if different)

Date of birth: ..... Boy/Girl (please indicate)

Please give details of any known Medical Conditions (eg Asthma/Diabetes/Epilepsy):

.....

Allergies (eg Paracetamol/Penicillin/Plasters):

.....

Current Medication (our staff should be aware of):

.....

Please indicate if any of the above medical conditions may require immediate emergency medical treatment YES  No

Doctor's name: .....

Surgery Address: .....

..... Surgery Tel: .....

I give my consent and accept full responsibility for my child to participate in the course. If in the opinion of trained medical staff the necessity arises, I give consent for my child to be administered an anaesthetic or other emergency medical aid. In the event that my child needs any medical attention I agree to make myself available.

Your child will need their own packed lunch and drinks (no glass bottles please), and be wearing suitable clothing and football boots (no metal studs or blades).

Do you have any objections to photographs being taken of your child during the Soccer School activities for publicity purposes? YES  No

Please indicate who will be collecting your child at the end of each session: .....

Please indicate date(s) of school preferred: .....

Fee: ..... (Cheques or Postal Orders only – please make payable to 'Ramsgate Football Club' and print the name and address of your child, and date of school, on the reverse)

I agree that Ramsgate FC will not be liable for any loss, damage or injury that may arise as a result of my child attending the Soccer School.

Signed: ..... Parent/guardian (please indicate)

Print Name: ..... Date: .....

Send completed form, with cheque, to 1 PARKSIDE VILLAS, TIVOLI ROAD, MARGATE, KENT CT9 5PZ