



BOOKINGS FORM
PLEASE COMPLETE ONE BOOKING FORM FOR EACH CHILD

Name of Child:..... Date of Birth:.....
 Age:..... School:.....
 Home Address:.....
 Full Name of Parent / Carer:..... Telephone.....
 Email address of parent/carer.....
 Emergency Contact Name:..... Telephone

COURSES REQUIRED

AGE GROUP/COURSE	DATES	TIMES	VENUE	COST
			TOTAL	

Medical Information

- a) Does your child have any condition requiring medical treatment, including medication?
 If yes, please give details:.....
 b) Details of any allergies:.....
 c) Details of any special considerations (culture, diet, religion, fears, etc.)

Declaration

I consent to the staff seeking medical treatment for my child in an emergency.
 Signed:..... Date:.....
 I consent to photographs being taken of my child to be used in the local papers and other publicity material.
 Signed:..... Date:.....

I understand that in the event of my child putting themselves or other children at risk or preventing other children from benefiting from the activities on offer, the coaches have the right to exclude them from the activities.

I agree to my daughter / son attending InsideOut Soccer Schools on the dates specified. I have received an information leaflet and consent to them participating in activities, am in agreement with the policies and acknowledge the need for them to behave responsibly. I understand that they participate in this programme at their own risk and without recourse to InsideOut Soccer Schools, it's officers, agents or coaches.

Signed:..... Date:.....

Please inform the coaches of any change in circumstances relating to this registration form. Thank You.

Please complete this booking form and return along with your payment to:
 InsideOut Enterprise Ltd, Holker Street Stadium, Wilkie Road, Barrow-in-Furness,
 Cumbria, LA14 5UW.

Please make cheques payable to: Insideout Enterprise Ltd