



# Course Application Form

## Course Details

Course Name:

Course ID:

## Players Details

Name:

Age:

Religion:

Year Group:

Address:

Post Code:

Home Phone No:

Mobile No.:

Allergies or Illness:

## Parent / Guardian Information & Consent

Name:

Emergency Contact No:

I enclose course fee of £

*Please make cheque's payable to Pass Shoot Score*

I do not want my child's pictures on any Pass Shoot Score Promotional Material including Websites.

I acknowledge and accept that Pass Shoot Score Soccer School of Coaching scheme or respective servants shall not have any liability in respect of loss or damage to your child's possessions whilst in attendance of this course. In the event that parents cannot be contacted. I agree for my child to receive any appropriate medical treatment.

Signature

07521 980203

30 Timberleys, Littlehampton, West Sussex, BN17 6QB

Sponsored By:-

**domnet**

