



Derby County Ladies Football Club Junior Section

Open Training Session Registration Form



CHARTER STANDARD  
DEVELOPMENT CLUB

Name of daughter: \_\_\_\_\_ Date of birth: \_\_\_\_\_

My daughter currently plays for a football team: YES / NO If yes, please name the team: \_\_\_\_\_

**(Please ignore the next statement if you daughter currently doesn't play for a team) -**

I have informed the manager of my daughter's team that she will be attending the Derby County Ladies Open Training Session: YES / NO

My daughter's medical conditions (if applicable): \_\_\_\_\_ Emergency contact details for parent: \_\_\_\_\_

I consent my daughter to participate at the Junior Section Open Session on Monday 20<sup>th</sup> October 2014:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

