Sawston Girls FC







Sawston Girls FC – Coaching Registration – 2018-19

Surname:				Address	:					
(Player)										
First Name(s): (Player)										
Date of Birth:										
(Player)										
Home Tel:										
Emergency Contact Name:										
Emergency Contact Tel:				Postcode:						
E-mail:										
Which school do you attend :										
School year (2018-19)- Please circle: 0 1 2 3 4 5 6 7 8 9 10										
Medical Conditions	S' Places provide any info	mation on modical cor	ditions alloraios	ato that we shoul	ld bo mado :	awaro of:				
Micaicai Conditions	Flease provide any infor	mation on medical cor	iditions, allergies (itc, mai we snou	iu be illaue a	aware or.				
For all coaching se	essions please we	ear clothing si	uitable for f	ootball an	d shin ı	pads.				
Please bring along					•					
Coophing possions t	taka plaga at Saw	eton Villago C	ollogo Nov	y Bood So	weton	CB22.2	DD a	ithor	on tha r	olovina fioldo
Coaching sessions take place at Sawston Village College , New Road Sawston . CB22 3BP either on the playing fields or the astro turf. Please check with the coach beforehand so that you can wear the correct footwear for the surface.										
				,						
Parents/Carers Det	tails:									
Name (Print)			Signed.					Dat	e	
This form must be co		aking part in th	e coaching	sessions a	nd will	be used	solel	y by S	Sawsto	n Girls FC

Please return completed forms to:

Graham Pearl,27 Park Road, Sawston, Cambridge, CB22 3TA or email: graham.pearl@outlook.com