



Be part of it....

BOOKING FORM



Be part of it....

DATE(S) OF CAMP:TIME OF CAMP.....

CHILD'S FORENAME:

CHILD'S SURNAME:

AGE:..... SCHOOL YEAR GROUP:.....

GENDER (please circle): Male Female

Any medical conditions the coaches should be aware of:

.....

PARENT/CARER NAME:

EMERGENCY CONTACT NUMBER:

EMAIL ADDRESS:

I hereby consent to my son/daughter participating in the football camp on the above date(s).

Signature of parent/carer:

Relationship to child:

Consent for photos/filming: Photos may be taken at some sessions which may be used in some publicity materials such as leaflets etc. If you do not give permission for your child to be filmed or photographed during the camp please inform the Head Coach on arrival.

Information from Haverhill Rovers FC may be sent via email, we will never pass your details onto a third party. However, if you do not wish to receive these emails please note this on the booking form when sending.

Notes: Please provide a packed lunch with plenty of drinks for the 10:30 to 3:30 sessions, a snack and drink for the 9 to 10 sessions. Please wear appropriate clothing for the weather conditions, ensure suntan lotion has been applied and a supply is brought with the child in the event of sunny weather, wear footwear for football and shin pads are required.

Please send this form with payment to Peter Betts, Haverhill Rovers FC, The New Croft, Chalkstone Way, Haverhill, Suffolk CB9 0BW. All cheques should be payable to Haverhill Rovers FC.