

Soccer Course Booking Form



Name:

Age:..... Date of Birth:.....

Address:

.....

Post Code: Dac card no:

Parent/Guardian Telephone Home:

Work/Mobile:

Dates Booked:**Month:**.....**Year:**

Has your child any disabilities or is taking any medication? Yes ☐ No ☐

If yes please state.

.....

Are you on our mailing list?: Yes ☐ No ☐

I acknowledge and accept that P B Soccer School Ltd,or the organisation providing facilities and their respective agents, servants and employees are not under any liability whatsoever in respect of personal injury, loss or damage, however caused whilst in attendance on the above courses.

I give permission for PB Soccer School (Ltd), to use photo images of my child/children, taken whilst attending any of the soccer camps.

Those images will be used for promotional purposes only, and no names will be published against any pictures taken.

Yes ☐ No ☐

Email address of Parent or Guardian:

Signature of Parent or Guardian:.....

Please print name of person paying.....

Please Email the completed form to pstcb@hotmail.com