

Ripon Soccer & Netball School Application Form

*CHILD'S FULL NAME:

AGE:

ADDRESS:

POSTCODE:

SCHOOL ATTENDED:

MY CHILD WILL JOIN:

SOCCER SCHOOL

NETBALL SCHOOL

T-SHIRT SIZE:

7-8 YRS

9-11 YRS

12-14 YRS

MEDIUM ADULT

PARENT/CARER NAME:

CONTACT TEL/MOB:

CONTACT EMAIL:

ALTERNATIVE CONTACT & NUMBER:

*If your child has any special medical needs, allergies or learning difficulties, or need to bring medication with them, please attach details.

Please return this form, along with full (refundable) payment of £20 per child, by 31st July to:

Jason Souza, Bethel Church Ripon, Church Lane, Ripon. HG4 2ES

PARENT/CARER PERMISSION

As a parent/carer I wish my child to attend this Sports School and hereby authorize the staff of SportsReach & Bethel Evangelical Church to act for my child in any emergency situation requiring medical assistance. I understand that SportsReach & Bethel Evangelical Church will not be liable for any loss or injury which the applicant(s) may sustain during the Sports School.

SIGNED:

PARENT/CARER NAME:

DATE:

Photographs and videos taken during the week may be shown at the Awards Service and possibly used in SportsReach promotional literature/videos/social media pages.

Please give your permission for this by ticking the box:

The church would like to hold your data to inform you of future events: Please give your permission for this by ticking the box: