



BOSTON UNITED FITC SOCCER SCHOOLS BOOKING FORM

I wish to register my child on a BUFC FITC Soccer School Course

- CHILD'S DETAILS -

Name Age DOB

Course No. School.....

Days/Dates Required

Address

.....

..... Post Code

Email Address

Contact No. 1 Contact No. 2

Important Medical Info (Allergies/Medication etc)

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PARENTAL CONSENT

In the event that my son/daughter is injured whilst playing football and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention. I support this application and understand that Boston United Football in the Community and its coaches accept no liability in respect of injury, loss or damage to property or persons and that refunds will for failure to attend. I also consent to my child being able to have their photograph taken and for them to be used for promotional purposes by Boston United Football in the Community

Signed Parent/Guardian

Payment

I enclose payment for £..... and a stamped addressed envelope.

Please make cheques payable to: Boston United Football in the Community

Please send completed form and payment to:

Boston United FITC, Boston United FC, York St, Boston, Lincolnshire Pe21 6JN

PLEASE MARK ENVELOPE 'SOCCER SCHOOL COURSES'