

## BOOKING FORM

I WOULD LIKE TO BOOK :(name)..... ON THE;

Full Course

Or

Selected days as detailed below, please tick as required.

Mon     Tue     Wed     Thurs     Friday

Date of Course .....

**Cheques payable to Go Try Rugby, post with booking form to: Go Try Rugby 6, Cross Keys Drive, Whittle-Le-Woods, Chorley PR6 7TF**

**If you require any further details please call Steve on 0774 7777963**

I give permission for my child to attend **GO TRY RUGBY** Holiday Rugby Skills & Sports Camp.

ADDRESS:

.....

.....Post Code.....

HOME TEL: .....    AGE: .....

DATE OF BIRTH: .....    MALE/FEMALE (Please circle)

EMERGENCY TEL (1): .....

**EMAIL ADDRESS:**.....

**DETAILS OF ANY KNOWN ALLERGIES, CONDITIONS, MEDICATION BEING TAKEN:**

.....

.....

**ANY OTHER SPECIAL NEEDS, REQUIREMENTS OR DIRECTIONS THAT WOULD BE HELPFUL FOR THE COACHES TO KNOW ABOUT:**

.....

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication. I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in all activities.

Signature .....    Parent/Guardian

Print Name .....

Date .....



Photographs/Video may be taken of the children playing rugby for publicity, training & advertisement purposes. Please be assured that you child will not be named & your details are securely protected under the 1998 Data Protection Act.