



SOCCER SCHOOL BOOKING FORM

I WOULD LIKE TO BOOK THE FOLLOWING PARTICK THISTLE SOCCER SCHOOL:

THISTLE WEIR SOCCER SCHOOL, BOCLAIR ACADEMY			
CLASS	AGE	DAY	
10-11AM	3-4 YEARS	SAT	
11-12PM	5-8 YEARS	SAT	

PARTICIPANT INFORMATION

Full Name: _____

Date of Birth: _____

DEMOGRAPHIC

Gender: Male Female

Ethnicity:

White - British White - Irish Black – African Black – Caribbean Black – Other

Black - British Pakistani Bangladeshi Chinese Indian

Mixed race Other: please state

Religion:

Disability:

Do you consider yourself to have a disability Yes No

If yes please specify:

CONTACT DETAILS

Address: _____

Post Code: _____

Tel: _____ Email: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Emergency Contact Number: _____



MEDICAL INFORMATION

Doctors Name: -----

Surgery Address -----

Surgery Telephone -----

Have you consulted a doctor or health professional regarding participating in Physical activity Yes No

Do you suffer from any conditions requiring medical treatment or medication? Yes No

Do you suffer from any allergies, e.g. medication or food? Yes No

If yes to any of the above please give details below

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	

MEDIA CONSENT – Do you consent to being filmed or photographed? Yes No

MARKETING CONSENT – Do you consent to being contacted by PTFC? Yes No

DISCLAIMER

By signing this disclaimer, you agree to the terms and conditions of the TWYA. In event of illness or injury, having parental responsibility for the above 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.

Signed:

Date:

PAYMENT

PRICE

BLOCK BOOKING

ADDITIONAL INFORMATION – If you have any additional information you would like us to know, please comment here:

PLEASE RETURN FORM WITH PAYMENT TO:

Thistle Weir Youth Academy, Firhill Stadium, 80 Firhill Road, G20 7AL

Or email to: craig.mair@thistleweir.co.uk