COMMUNITY FOOTBALL/ GAMES SESSIONS

www.bodminyouthproject.org



Registration Form

Please email to bodminyouthproject@outlook.com during the week to book your child's place. NB. Your child will need to book in & have consent to take part.

Please tick the relevant sessions your child would like to attend: **H/T EVENT** 27 Oct ____; Fair Park (Ages 10-17s ONLY) 10 Nov ____; 24 Nov ____; 8 Dec ____; **DETAILS OF CHILD** (If more than one child then can add details on one form or in email) First Name Last Name DOB Gender (male or female) Age Any disabilities and/or medical condition? PARENTAL CONSENT I agree to my child having his/ her photo taken or being video-recorded for our website/ social media page and/or future publicity? YES / NO I agree to relevant email/ sms publicity being sent to me? YES / NO I agree that a coach/ youth leader may treat any injury which my child sustains whilst participating in the football/ activity session if required? YES / NO I agree for my child (under 16 years of age) to participate in the football/ activity sessions provided by the Bodmin Youth Project team of leaders YES / NO I give consent for my child to sign in & out themselves, so they can walk **home after the session** (If answer NO – please collect your child at end of session) YES/ NO **CONTACT DETAILS** Name of parent/ guardian Address Postcode Tel Mobile Email Signature of parent/ guardian Date