

CONSENT FORM

Childs Full name			Age		Date of Birth		
Address				Postcode:			
Contact name			Tel:				
Parent/Guardian			Email	:			
Secondary Contact			Tel:				
Name			Email	:			
Does your child	YES / NO	If YES					
have a disability?		Please specify					
Do you consent to any emergency treatments that may be necessary for your chi					ild?	YES	/ NO
Do you give consent for your child to make their way home alone?						YES	/ NO
Do you give consent for your childs photograph to be taken?						YES	/ NO
Signature of parent/g	Date						

This form must be completed before your child will be allowed to participate.

All participants must wear the correct footwear for the grass. Waterproof clothing, shin pads and a light snack are required.

VENUE

JA Coaching operates at Curtis Field Road, SW16 2TB

HOW TO GET HERE

Bus 315 stops outside the venue.

Bus 417 & 249 are 5 mins walking distance.

Payments made payable to the account details below with your name as the reference and also, notify us of payment made in order to receive confirmation of payment.:

Bank: Natwest

Name: J A Coaching Account No.: 42807921 Sort Code: 60-20-39