**Player Registration & Booking Form**

We consider the safety of each child who attends our classes the upmost of importance. Therefore, we require that every attendee provide a completed form for health and safety reasons.

Please fill in the below information and email this form back to: [Marc@ewtbcoaching.com](mailto:Marc@ewtbcoaching.com)

**Course Details**

**Course Attending (please circle as appropriate):**

Development Centre Soccer School Holiday Camp

**Dates Required (please enter required dates e.g. Every Tuesday or 20th-22nd December):**

**Times Required (please circle as appropriate):**

Full Session Half Session Extended Hours

Please note, half sessions and Extended hours are only available on Holiday Camps.

**Participant Details**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DoB:\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Year (e.g., Reception, Year 1 etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Does your child have any medical conditions or allergies? If so, please describe

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Are there any medicines your child takes regularly e.g., for asthma or allergic reaction requiring epi-pen ?

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Is your child considered disabled (please delete) Yes/No

If you answered Yes to the above question, please give details of disability and any special requirements we will need to make for the session.

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**Consent & Waiver:**

E.W.T.B Coaching may decide to do some photography/filming/audio recording during the course of the session, which we will use to promote the company and player and would like permission to use any photos or recordings that you feature in, and/or any testimonial/quote/comment/article (statement) you provide.

We take privacy and data protection very seriously. We will not use your statement or any photo or recordings of you without your agreement, and we will never identify you by name without your specific consent.

I acknowledge that I have read this document in its entirety and understand and consent to the above. I have had the opportunity to ask questions and receive answers.

I understand and accept that whilst all reasonable and responsible care will be taken, neither “EWTB Coaching” nor any personnel authorised by them, or myself, nor the facility at which the course is being held, will be held responsible for any loss or injury by, or to, the applicant, howsoever caused.

Signed by……………………………………………………………………… Parent/ Guardian (please delete)

Date……………………………………………

**EWTB Coaching will comply with government guidelines in relation to COVID 19**