

COACHING
CHRIST

SOCCER COACHING FOR BOYS & GIRLS

24-27 JULY 2017

DROMORE RUGBY CLUB

**TIMES: 10:30 AM-12:30 PM
FOR 6-11 YEAR-OLD'S
& 2-4 PM FOR 12-15 Y/O'S**

REGISTRATION FORMS CAN BE HANDED IN AT JOHNSTON'S PHARMACY
4-8 GALLOW'S STR. DROMORE OR CAN BE HANDED IN ON THE DAY

**FOR MORE INFORMATION CALL JIM ON 028 9269 3997
(IF POSSIBLE, BRING FOOTBALL BOOTS, SHIN PADS AND A DRINK)**



DBC
FOOTBALL COACHING



www.dromorebaptist.co.uk

**TOTALLY
FREE**
NO COST WHATSOEVER



SOCCER COACHING FOR BOYS & GIRLS

24-27 JULY 2017 AT DROMORE RUGBY CLUB

TIMES: 10:30AM-12:30PM FOR 6-11 YEAR-OLD'S & 2-4 PM FOR 12-15 YEAR-OLD'S

REGISTRATION FORMS CAN BE HANDED IN AT JOHNSTON'S PHARMACY 4-8 CALLOWS STR. DROMORE OR CAN BE HANDED IN ON THE DAY

FOR MORE INFORMATION CALL JIM ON 028 9269 3997
(if possible, bring football boots, shin pads and a drink)
www.dromorebaptist.co.uk



C4C SOCCER COACHING REGISTRATION FORM

I _____ (parent/guardian) give my permission for my child _____ AGE: _____

to attend the **Coaching 4 Christ** soccer training week at Dromore Rugby Club from 24-27 July 2017 (10:30-12:30pm (6-11 year-old's) or 2-4pm (12-15 year-old's)).

Address: _____

_____ E-mail: _____

Emergency contact Name: _____

Emergency contact Number(s): _____

Please advise of any Medical Conditions, Allergies (Nut, etc.) or anything we should be aware of: _____

In the event of illness or accident, having parental responsibility for the above named child, I give permission for First Aid to be administered where considered necessary by a trained First Aider, if available, or by a suitable qualified Medical Practitioner. If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf for any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible. During the time your child will spend with us photography/video filming may be taken for general purposes and for this we need your permission. On signing this form we assume you have given permission.

Signature: _____ Date: _____