

Half term February 2024

Monday 12th 9.00am-4.30pm

Football enrolment form

Name:

Address:

.....

Postcode:

Tel No: D.O.B. / /

Email:

Signed Date:

CONFIDENTIAL For the benefit of the instructor and for insurance purposes would all parents/ guardians please complete this questionnaire for those attending any of the classes.

1. Does the pupil suffer from: Asthma YES/ NO Epilepsy YES/ NO Diabetes YES/ NO

2. Is the pupil currently under any medication /? YES/ NO (if yes please specify)

.....
3. Does the pupil have any other medical condition that will be of relevance to the instructor ? (please specify)

.....
4. Does the pupil have any other learning or physical disability that will be of relevance to the instructor ? (please specify)

.....

If you are happy to receive marketing communications, we will provide you with news from us such as new classes and other products and services that you may be interested in or offers that you may like. **YES / NO**



FOOTBALL COURSE

**12TH FEBRUARY 2024
9AM-4.30PM
AGE 8 - 12
£22 PER PERSON
WITH MARK CATLIN**

Please contact us at

**sportsclub@habsmonmouth.org
or
01600 714381**

