

CAMPBELTOWN & DISTRICT JUVENILE FOOTBALL ASSOCIATION

2014 August – October Sessions
Meadows Playing Field, Campbeltown

PLEASE NOTE FORMAT

Monday – P2 – 6-7pm P3-4 – 6 to 7.15pm, P5-6 - 6 to 7.30pm

Monday – P7-S2 – 5.30-7pm S3-4 and S5-6 – 6.30 to 8.00pm

Friday – P2-P4 – 6 to 7.15pm, P5-P6 – 6 to 7.30pm

(P1 and Mini Kicker sessions to be confirmed and start Fri 29th Aug)

Please tick choice below

Monday

Friday

Both

£15.00 per block of sessions or £25 for both nights (Subsequent child half price)

Child 1 – Name _____ D.O.B. _____ School/Class _____

Child 2 – Name _____ D.O.B. _____ School/Class _____

Child 3 - Name _____ D.O.B. _____ School/Class _____

Address

Telephone _____ E-mail _____

Parent/Guardian Name

(PLEASE PRINT YOUR NAME)

**PRESCHOOL – Parent/Guardian must remain in attendance for duration of session*

SHIN GUARDS MUST BE WORN

**FORMS AND PAYMENT SHOULD BE RETURNED TO THE
REGISTRATION OFFICER(S) IN A SEALED ENVELOPE BY
Monday 1st September at the latest.**

CASH/CHEQUES / POSTAL ORDERS SHOULD BE MADE PAYABLE TO CDJFA

****Please complete Medical Information on reverse****

1. Medical Information

(a) Does your child suffer from any conditions requiring medical treatment, including medication? If **YES**, please give details below

Child 1 _____

Child 2 _____

Child 3 _____

(b) Is your child allergic to any medication? If YES, please specify

Child 1 _____

Child 2 _____

Child 3 _____

(c) Has your child received a tetanus injection in the last five years? **YES/NO**

Child 1 _____

Child 2 _____

Child 3 _____

I may be contacted by telephone at the following numbers:

Work _____ Home _____ Mobile _____

If not available please contact

Name _____ Telephone _____

Name and telephone number of family doctor

Name _____ Telephone _____

I consent to my son's/daughter's participation with Campbeltown and District Juvenile Football Association and confirm I have read the 'Code of Conduct' which is understood by my child. To the best of my knowledge my son/daughter is medically fit to participate in the activities. I undertake to notify CDJFA in the event of any change in fitness or health that may take place prior to the activities. I agree to my son/daughter receiving emergency medical, surgical and dental treatment as considered necessary by the medical authorities present. I understand that if my son's/daughter's behaviour jeopardises their own safety or the safety of others, he/she may be removed from the activity and any additional costs incurred as a result of his/her actions may be recovered from me.

Date _____ **Signed Parent/Guardian** _____

Photographs: these may be taken during the activities for use in CDJFA publicity. If you do not wish photographs to be used in this way please comment here.