



## Eldon Celtic

Free Training Saturday 28<sup>th</sup> October – Half Term  
Booking Form

### Essential Record Form

Name of Child	
Date of Birth	
Address	
Postcode	
Mobile No.	

Name of Parent/Carer	
Address	
Postcode	
Home Telephone No	
Mobile No.	

Emergency Contact (if different to above)	
Address	
Mobile No.	
Work Telephone No.	



## Eldon Celtic

### Free Training Saturday 28<sup>th</sup> October – Half Term Booking Form

**Declaration:**

I give my permission for my child to be photographed whilst at the club	Yes/No
I give my permission for these photographs to be used for marketing/fundraising purposes	Yes/No
I give permission for these photographs to be used on the Eldon Celtic Website/Facebook/Twitter pages.	Yes/No
I give permission for my child to be photographed by outside agencies and media.	Yes/No

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/carer)

### Medical Information

*This information is for the club use only and is protected under the Data Protection Act.*

Name of Member	
GP Name	
GP Address	
Postcode	
GP Telephone No.	

Is your child taking any medication or have medical conditions?	Yes/No
If yes, please give details:	