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| --- | --- | --- |
| Child’s Name | Child’s DOB | |
| Child’s current football team if currently playing and previous football history | | |
| Does your child have any current/ previous medical conditions ? Please provide details | | |
| What are you / your child looking to gain from MossFC ? What improvements are needed ? | | |
| Parents/ Carers Names | Email address | |
| Home Address | | |
| Emergency Contact Details | | |
| What days / times is your child able to attend? | | |
| Tick or enter yes in this box if you agree that MossFC can take videos and photographs of your child during coaching for use on our website / social media | |  |
| Please tick or enter yes this box if you would like to hear from us in the future with offers, news and updates | |  |
| Please tick or enter yes this box if you would be interested in small elite group training during school holidays in the future | |  |
| Where did you hear about us?  Online / word of mouth / Facebook etc |  | |
| Signed Parent / Typed is fine | Date | |