



SUMMER SOCCER SCHOOLS 2018

(PLEASE COMPLETE IN CAPITAL LETTERS & ONE FORM PER CHILD)



Full Name: _____

Address: _____

Post Code: _____

Date of Birth: _____ Age at commencement of course: _____

Home Tel No: _____ Parent Mobile: _____

EMERG Contact Name: _____ Contact Number: _____

E-mail: _____

If applying for the Goalkeeper & Striker course *(please tick)* **GOALKEEPER** **STRIKER**

Which school do you attend? _____

Which local team do you play for (if any)? _____

Do you suffer from any illness or disabilities which should be brought to our attention? **YES** **NO**

If yes please give details:

Will the course participant be collected or making their own way home? *(please tick)* **COLLECTED** **MAKE OWN WAY HOME**

I give permission for my child to have images taken of them at GFC Soccer Schools *(please tick)* **YES** **NO**

I give permission for a representative from Gillingham FC to administer first aid *(please tick)* **YES** **NO**

Is this your first Gillingham FC Soccer School? *(please tick)* **YES** **NO**

Where did you pick up this leaflet or hear about our Soccer Schools? _____

Declaration by parent or guardian over 18 years of age.

I wish for my child to be accepted on the below course(s). I acknowledge and accept that GFC Community Trust, or the organisation providing facilities and their respective agents, servants or employees, are not under any liability whatsoever in respect of personal injury loss or damage, however caused whilst in attendance on the below Soccer School. I also give permission for a representative from Gillingham FC to transfer my child to hospital should an emergency arise.

I enclose card details, cheque or postal order payable to **GFC COMMUNITY TRUST** for £ . I have read and I agree with the full Soccer School **Terms and Conditions** found above.

Name: _____

Signature: _____ Date: _____



PLEASE TICK THE RELEVANT BOXES FOR YOUR CHOSEN VENUES & DATES



MEDWAY

GILLINGHAM @ Star Meadow Sports Club, Darland Avenue, Gillingham, Kent, ME7 3AN (3G)	
Monday 6 th August	
Tuesday 7 th August	
Wednesday 8 th August	
Tuesday 21 st August	
Wednesday 22 nd August	

GOAL KEEPING & STRIKING @ Star Meadow Sports Club, Darland Avenue, Gillingham, Kent, ME7 3AN (3G)	
Thursday 9 th August	
Thursday 23 rd August	

GIRLS ONLY @ Star Meadow Sports Club, Darland Avenue, Gillingham, Kent, ME7 3AN (3G)	
Thursday 26 th July	
Friday 27 th July	
Friday 24 th August	

SWALE

SHEERNESS @ New Road Playing Fields, Festival Fields, New Road, Sheerness, ME12 1BW (Grass)	
Thursday 16 th August	
Friday 17 th August	

FOLKESTONE

HAWKINGE @ The Churchill School, Haven Drive, Hawkinge, Folkestone, Kent, ME10 1PF (Grass/Indoors)	
Monday 13 th August	
Tuesday 14 th August	

CANTERBURY

CANTERBURY @ The Canterbury High School, Knight Avenue, Canterbury, Kent, CT2 8QA (On Grass/Astro-turf)	
Thursday 2 nd August	
Friday 3 rd August	

TUNBRIDGE WELLS

TUNBRIDGE WELLS @St Gregorys Catholic School, Reynolds Lane, Tunbridge Wells, TN4 9XL	
Monday 30 th July	
Tuesday 31 st July	

TUNBRIDGE WELLS @ Foresters FC, Bayham Sports Pitches, Bayham Road, Tunbridge Wells, Kent, TN2 5HX (Grass)	
Wednesday 29 th August	
Thursday 30 th August	
Friday 31 st August	

FAVERSHAM

FAVERSHAM @ The Abbey School, London Road, Faversham, ME13 8RZ (3G)	
Monday 6 th August	
Tuesday 7 th August	



DEBIT / CREDIT CARD PAYMENT FORM

(PLEASE COMPLETE IN CAPITAL LETTERS & ATTACH TO YOUR APPLICATION FORM)

Card Type (please tick): Visa MasterCard Maestro

Please note we do not accept American Express or Diners Club

Name on Card:

Card Number:

Expiry Date:

Security Code (last 3 digits on signature strip)

Issue No. (Maestro only):

Please note that card details are not held on file, they are shredded after the transaction has been processed.

Participants Name:

Total Soccer School Cost: £

Handling charge per transaction: £0.50

Please debit my card with the amount of: £

Name:

Signature:

Date:

Office Use Only

Participants Name:

Soccer School:

Venue:

Dates:

Total Payment:

Payment completed:

Transaction completed by:

Date:

Added to Register: