

St Ninian's Easter Football Camp 2014

| Name of Pupil: | |
|--|--|
| School: | |
| Year: | |
| Date of Birth: | |
| Age: | |
| Address: | |
| Home Telephone Number: | |
| Mobile Telephone Number: | |
| Email Address: | |
| Must be provided for confirmation to be sent. | |
| Medical Conditions/Allergies: | |
| Does your child have any medical conditions/allergies we should be | |
| aware of? If so, give details. | |
| Emergency Contact Name | |
| Emergency Contact Number | |
| Please select which week(s) you would like your son/ | Week 1: Monday 7 April to Friday 11 April |
| daughter to attend (please tick) | Week 2: Monday 14 April to Thursday 17 April 🗌 |
| Amount Enclosed | |
| £40 for week 1 | |
| £32 for week 2 | |
| No concessions for pupils in receipt of Free School Meals. | |
| Method of Payment: | Cheque / Cash |
| Please make cheques payable to St Ninian's High School | |
| Photographs and Video Permission: | |
| I agree to allow images or recordings of my child to be used in | Yes / No |
| printed and/or digital resources produced by St Ninian's High | |
| School. | |
| consent to my child participating in the above event. Name of parent/guardian | |

Signature of parent/guardian_____

Date _____