

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 _____