

PLEASE FILL IN THIS FORM AND EMAIL BACK TO US OR BRING ON THE FIRST SESSION!



**SOCCER TOTS CONSENT FORM**

**SOCCER TOTS VENUE:** .....

**Child (rens) Name:** ..... **Age:** ..... **DOB:** .....

**Child (rens) Name:** ..... **Age:** ..... **DOB:** .....

**Home Address:** .....

**Post Code:** ..... **Email Address:** .....

**Nursery:** .....

**Emergency Numbers:** ..... / ..... / .....

**Medical Conditions:** .....

I acknowledge and accept that OTF 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 above football course.

**Parent Signature:** ..... **Parent Name:** .....

Unless we contact you otherwise, assume that your booking has is successful and a place will be reserved for your child/ren.

If you do not wish to be contacted with regards to future courses please tick this box [ ]

If you have any objections to photographs of your child being taken and reproduced for promotional purposes or shown on the website please tick this box [ ]

**Please return completed forms:  
One Touch Football Soccer School, 11 Tobias Grove, Stamford, Lincs, PE9 4BD**