## STROUD SQUASH RACQUETS CLUB - ADULT COACHING PROGRAMME

Participant Details	
Name:	
Date of Birth:	
(if under 18)	
Current Level:	Beginner / Improver / Intermediate / Advanced (Select Level)
Coaching Objectives:	
Primary Contact Details	
Name of contact:	
Relationship:	Next of Kin / Spouse / Relative / Friend
E-mail contact:	(Delete as Appropriate)
L-man contact.	
Phone No:	
Secondary Contact Details (in Cas	e of Emergency)
Name / Phone No:	
CONSENT TO PARTICIPATE	(Tick Boxes)
CONSENT TO PARTICIPATE	(TICK DOXES)
	I consent to taking part in the Stroud Squash Club Coaching Programme
	I consent to the personal data provided on this form being used by coaches and officials of Stroud Squash
	Club for matters related to this programme and other club activities
Signed:	
Name:	
Fees	(Tick as appropriate)
rees	(піск аз арргорітасе)
	I wish to enrol for the Term at the members rate of £50
	I wish to enrol for the Term at the non-members rate of £60
	I wish to attend on a drop in basis at a cost of £6 / session (payable in cash on the day)
Termly fees to be paid by BACS transfer direct to the Club account or by cheque to Stroud Squash Racquets Club	
Bank Details:	Lloyds Bank, Sort Code: 30 98 29, Account no: 00147191
Commitment to Fees	
I agree to settle all fees committed to on this form as they become due	
Signed:	
Name:	
	1