STROUD SQUASH RACQUETS CLUB - JUNIOR COACHING PROGRAMME

Participant Details	
Name:	
Date of Birth:	
Current Level:	Beginner / Improver / Intermediate / Advanced (Select Level)
Coaching Objectives:	
Primary Contact Details	
Name of contact:	
Relationship:	Parent / Relative / Friend
E-mail contact:	(Delete as Appropriate)
E-Maii contact.	
Phone No:	
Secondary Contact Details (in Cas	to of Fmergency)
Name / Phone No:	E Of Lines Series,
CONSENT TO PARTICIPATE	(Tick Boxes)
CONSENT TO PARTICIPALE	(TICK DONES)
	I consent to my Son / Daughter taking part in the Stroud Squash Club Junior Development Programme
	I consent to the personal data provided on this form being used by coaches and officials of Stroud Squash
	It consent to the personal data provided on this form being used by coaches and officials of stroug squash. Club for matters related to this programme and other club activities
Signed:	
Name:	
Capacity:	Parent / Legal Guardian
Fees	(Tick as appropriate)
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	I wish to enrol my Son/ Daughter for the Term at the members rate of £50
	I wish to enrol my Son/ Daughter for the Term at the non-members rate of £60
	I wish my son doughter 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	
o:t.	
Signed:	
Name:	
Capacity:	Parent / Legal Guardian