

EMAIL BOOKING FORM – MAVERICKS EASTER 14-17 CAMP

Tuesday 25 th March		Please place an "X" in the relevant boxes £24 per day
Wednesday 26 th March		
Thursday 27 th March		
Friday 28 th March		
PLAYER INFORMATION		
Full Name:		
Preferred Name:		
Address (including post code):		
Telephone:		
Date of Birth:		
2007/8 School Year:		
School:		
Netball Club:		
Positions:		
Sex:		
Medical Information: Please write down details of your child's medical status including any long term conditions such as diabetes, allergies or asthma.		
Doctor's Name:		
Surgery:		
Telephone:		
Further Information: Please write down the details of any other conditions that might mean your child requires additional support.		
EMERGENCY CONTACT 1		("As above" or "↑" if the information is the same)
Title:		
Full Name:		
Relation:		
Address (including post code):		
Telephone work:		
Telephone home:		
Telephone mobile:		
Email:		
EMERGENCY CONTACT 2		("As above" or "↑" if the information is the same)
Title:		
Full Name:		
Relation:		
Address (including post code):		
Telephone work:		
Telephone home:		
Telephone mobile:		
Email:		
Please "X" these boxes to show you agree with the statements.		I understand that players will sign in and out at the start and end of the day to prove they have attended.
		I have no objections to my child being photographed and videoed whilst at camp.
		I would like to receive future information regarding similar services from Internetball
		I have read and accept the terms and conditions.
Booking completed by:		

Please post or email this form along with a passport sized photograph to Internetball asap.