citc
city in the community

Booking Form

1. Child's Full Name:
2. Date of Birth:
3. Home Address:
4. Home and Mobile Number:
5. Name of Parent/Guardian:
6. Email Address (If applicable):
7. How can you be contacted in an emergency during working hours?

   Phone Number:

8. Alternative Contact Name:

   Phone Number:

9. Please fill in course details.

   Venue:

   Date(s) attending:

10. Player Profile:

Position you play:

Foot you kick with:

School / Team you play for:

Favourite MCFC Player:

Creating Chances · Premier League community fund · Football Foundation · Manchester City Council · Tameside Metropolitan Borough Great lives, excellent services

Medical Details & Consent

I attach some information regarding an activity the Club is arranging for children. The organisation in charge of the activity is City in the Community. We need this information in case of an emergency and to comply with Premier League requirements to protect your child.

If you do not complete the form, your child cannot take part in the activity. If you have any further questions or need help completing the form, please contact City in the Community on 0161 438 7711 or ask one of the CITC coaches at the venue. Information will be stored and only used for the purpose described above.

Child's NHS number (your GP will have a record of this):

Is your child currently receiving any medical treatment or taking any medicine?

If so, please give details:

I acknowledge receipt of the information regarding the Club's activity for children, taking place on:

(date) at (time) at (place)

I consent to my child taking part. My child understands that it is important, for safety reasons to obey any rules and instructions given by the staff in charge of the activity. ☐

I agree to bring my child to the activity at the beginning and collect him/her at the end of the activity. ☐

A photographer / video operator may be present to take images which Manchester City FC may use for promotional purposes. I give permission for my child to be photographed/filmed.

No names of children will accompany images. ☐

Please tick boxes above as appropriate.

Signed: Date:

Consent to further contact concerning:

☐ Soccer Schools ☐ Other CITC activites ☐ Other MCFC events