

Netball Coaching Camp Tuesday 22nd October 2019

| I would like my child to attend the Netball Coaching Camp at Wellesley House. |
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| l enclose a cheque for £ School. |
| Child's name: |
| Home address: |
| Postcode: |
| Age: School / Club : |
| I am interested in a minibus pick-up / drop-off minibus service: Yes / No |
| Does your child have any medical conditions / allergies? Yes / No |
| If yes, please give further details: |
| Parent Name: |
| Home address: |
| Postcode: |
| Email: |
| Emergency contact 1: |
| Emergency contact 2: |
| If you are unable to contact me and my child requires urgent medical attention while at |
| the Netball Coaching Camp, I authorise you to make the decision on my behalf should consent be required for urgent treatment (including general anaesthetic, blood transfusion or operation) recommended by a doctor, or to receive first aid. |
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