

*If further information is required please contact:
Pastor Ian Wilson
Saintfield Baptist Church
Tel: 028 9048 1987*

Please send completed registration form to:
(not later than Friday 23rd July 2010)

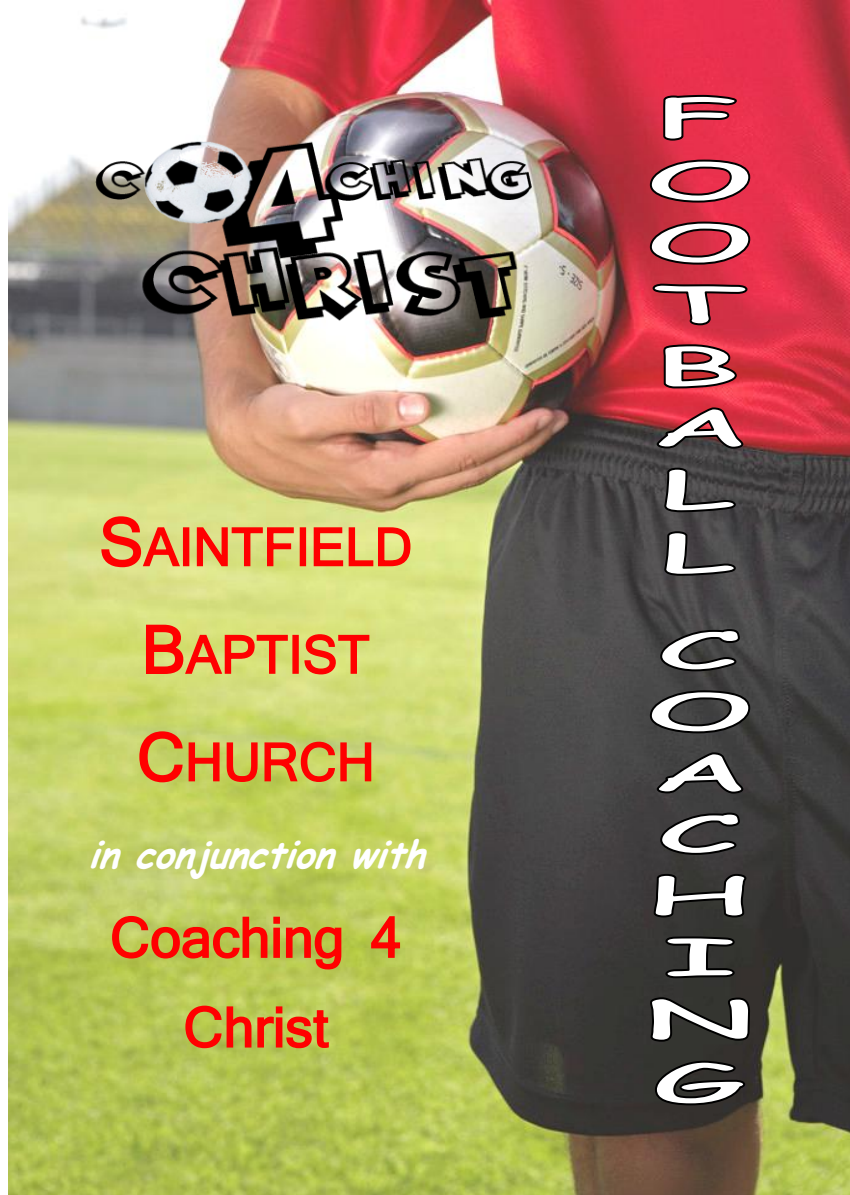
**Gary and Julie McNeill
14 Brae Road
Ballynahinch
Co Down**

*As numbers are limited places will be allocated in order of
receipt of forms and will be confirmed to you*

FOR OFFICE USE ONLY

Date of receipt of form: _____

Notes: _____



SAINTFIELD

BAPTIST

CHURCH

in conjunction with

Coaching 4

Christ

FOOTBALL COACHING

FREE FOOTBALL COACHING

Monday 23rd - Thursday 26th August '10

@ Saintfield United/Saintfield HS pitches
(kindly granted)

Open to all BOYS and GIRLS aged 6-14

COACHING SESSIONS:

All ages: 11am - 1pm

(participants will be grouped according to age)

World cup / Prize giving

Each session will include:

Coaching by qualified coaches and a 'centre spot' where the gospel message is shared

If you are interested please detach and complete the registration form opposite and send to the address on the back by Friday 23rd July 2010

Please note places are limited

Please remember to bring football boots, shin pads and a drink

*All Coaching4Christ coaches hold Child Protection certificates
A trained first aider will be present at all sessions*

SAINTFIELD BAPTIST/COACHING 4 CHRIST FOOTBALL COACHING - REGISTRATION FORM

(to be completed by child's parent/guardian)

I give permission for my child to attend the Saintfield Baptist Church course in conjunction with Coaching 4 Christ to be held at Saintfield United/Saintfield HS pitches on 23-26 August 2010.

Child's Full Name _____ Male Female

Date of birth _____ Age _____

Address _____

Home Tel _____ Mobile No _____

Details of any known medical conditions, allergies etc.:

Photographs and video will be taken during the week. If you do NOT wish your child to be photographed/videoed please tick here

In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the first-aid representative, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.

I confirm that the above details are correct to the best of my knowledge.

Signed: _____ Date: _____
(Parent/Guardian)

Please return completed form to address overleaf