

Course Selections

Venue:

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Booking Notes

Please read these notes carefully before completing the application form

Norwich City FC / Norfolk County FA Football in the Community courses are fully recognised by the four football authorities – The FA, the Premier League, the Professional Football Association and the Football League – and are covered by public liability insurance and personal accident insurance. These are the only official courses run by Norwich City FC.

Other courses may not meet our standards!

FITC is a registered charity acting as a non-profit-making grassroots organisation. Any surplus money made from the courses is redirected into the operation and expansion of the scheme.

Our coaching staff...

- Are all FA-qualified and hold a valid FA Emergency Aid Certificate
- Have been CRB checked and attended The

FA Safeguarding Children (formerly Child Protection – Best Practice) Workshop

- Have attended FITC staff training programmes which ensure our coaches are aware of new developments in football coaching courses

Booking notes

All courses must be pre-booked at least three days before the start of the course. Places cannot be reserved and will be given on a first come-first served basis when payment is made in full. Telephone bookings are accepted from FITC Members only.

Application form – child 1

Terms & Conditions

All holiday course forms must be received three days before the start of the course. Places are limited. All cancellations carry a £5 administration fee. No refunds will be given. Credit notes will be issued on receipt of a written request. We do not accept responsibility for loss or damage to property. Children attending the courses should not be left unsupervised at the venue until 15 minutes before and after the course day starts and ends.

Please complete in BLOCK CAPITALS.

Members need to complete the sections in green only.

FITC membership number: Please send me an FITC membership form!

Child's details

First name: Middle Name:

Surname:

Date of birth: Gender: Male Female

Which school does the child attend?

Does the child suffer from any illness or learning or physical disabilities which should be brought to our attention? YES / NO

If YES, please give brief details:

Special dietary requirements (if any):

Parent's/guardian's details

First name: Surname:

Address:

.....

..... Post code:

Home tel (inc STD): Work tel:

Mobile tel: Emergency tel:

E-mail address*

*If an e-mail address is supplied, we will confirm your booking using this method. To comply with the Data Protection Act, we must have your permission to use your e-mail address for marketing purposes.

Therefore, if you would like to receive information about our courses via e-mail, please tick this box

Name and telephone number of family doctor:

Payment/authorisation details

Authorised to collect my child (other than myself):

Relationship to child:

I enclose a cheque/postal order payable to "FITC" or please charge my credit/debit card account for £

Cardholder's name

Visa / MasterCard / Switch number:/...../...../.....

Valid From Date:/...../..... Expiry Date:/...../..... Issue No. (if applicable):

Declaration by parent or guardian: I wish for my son/daughter to be accepted on the above course, and I agree to the terms and conditions above and confirm that any medical condition which may affect my child's participation on the course has been fully disclosed above.

Health and safety/child protection: I also give permission for FITC / The Football League to take and use photographs of my child for future FITC / The Football League publications and publicity, administer first aid if necessary, and to transfer my child to hospital should an emergency arise.

Signature:

Name: Date:

Please write your child's name and booking code on the back of the cheque in top left corner, and return remittance and completed form to the address below.

Office use only:

Paid:

Data:

Conf:

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Application form – child 2

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Surname:

Date of birth: Gender: Male Female

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Does the child suffer from any illness or learning or physical disabilities which should be brought to our attention? YES / NO

If YES, please give brief details:

Special dietary requirements (if any):

Parent's/guardian's details

First name: Surname:

Address:

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..... Post code:

Home tel (inc STD): Work tel:

Mobile tel: Emergency tel:

E-mail address*

*If an e-mail address is supplied, we will confirm your booking using this method. To comply with the Data Protection Act, we must have your permission to use your e-mail address for marketing purposes.

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I enclose a cheque/postal order payable to "FITC" or please charge my credit/debit card account for £

Cardholder's name

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