

Parent Information

Parent/ Guardian Full Name:	
Address:	
Postcode:	Email:
Tel No:	Mobile:
Emergency Contact Name*:	Relationship:
Tel No:	Mobile:
Please briefly explain what you hope your child will accomplish with BWFCISS:	

Student Information

Full Name:	
Address:	
Postcode:	Email:
Tel No:	Mobile:
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Passport #:	Issuing Country:
Expiry Date:	

Playing Position: Striker <input type="checkbox"/> Mid-fielder <input type="checkbox"/> Defender <input type="checkbox"/> Goalkeeper <input type="checkbox"/>

Top Size: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X Large <input type="checkbox"/>	Bottom Size: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X Large <input type="checkbox"/>
Sock Size: Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X Large <input type="checkbox"/>	

Any known medical conditions:
History of previous illness:
History of injury requiring treatment:
Have you any dietary requirements:

Favourite Player:	Favourite Team:
Interests and Hobbies:	
Briefly explain what you hope to accomplish with BWFCISS:	

If you have any questions please contact Nicola Rimmer by emailing nrimmer@bwfc.co.uk or call 01204 673737

Payment InformationPayment Type: Credit/Debit Card Cheque Bank Wire Transfer

All Bank Wire and Cheque Payments will be invoiced for separately

Football Studies Course Selection (tick box)Full Year Programme (September 12 to May 13) - £24,290.00 Half Year Programme (January 13 to May 13) - £17,590.00 1 Month Programme (available October 12 to May 13) - £3,199.00 1 Week Programme (available October 12 to May 13) - £999.00 Credit/Debit Card

Please debit a total of £_____ from my card	Name on Card:
Card Type: Visa <input type="checkbox"/> Visa Debit <input type="checkbox"/> Visa Electron <input type="checkbox"/> Mastercard <input type="checkbox"/> UK Maestro <input type="checkbox"/>	
Card #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Start Date (if applicable):	Expiry Date:
Issue (if applicable):	3 Digit Security Ref (reverse of card): <input type="text"/> <input type="text"/> <input type="text"/>
Authorised Signature:	Date:

Parental Consent

In an emergency my child can be given or receive hospital/ relevant medical treatment: Yes <input type="checkbox"/> No <input type="checkbox"/>	My child can participate in competitive sporting activities and training: Yes <input type="checkbox"/> No <input type="checkbox"/>
My child can participate in excursions inc team building (Go Karting/ Theme Parks etc): Yes <input type="checkbox"/> No <input type="checkbox"/>	I have made full arrangements for my child to fly unaccompanied: Yes <input type="checkbox"/> No <input type="checkbox"/>
I have taken out adequate travel and medical insurance for my child: Yes <input type="checkbox"/> No <input type="checkbox"/>	I agree that photos/ videos of and comments from my child may be used in future publicity: Yes <input type="checkbox"/> No <input type="checkbox"/>

Introducers Clarification (where applicable)

Full Name:	
Address:	
Postcode:	Email:
Tel No:	Mobile:

I, declare that _____ has been recruited and introduced to the Bolton Wanderers Football Club (BWFC) International Soccer School Football Studies Programme (FSP) in partnership with EduKick and Inlingua by myself as the Introducer on behalf of BW FC.

Introducers Signature: _____ Date: _____

Print Name: _____

I, the parent/ legal guardian of the above named child confirm the above named person as the Introducer to the FSP on behalf of BWFC.

Parent / Guardian Signature: _____ Date: _____

Print Name: _____



Agreement

I, the undersigned parent/ legal guardian of _____ authorise said student's full participation in the Bolton Wanderers Football Club (BWFC) International Soccer School Football Studies Programmme (FSP) in partnership with EduKick and Inlingua. It is my understanding that participation in the activities that make up the FSP is not without some risk of injury. As such, in consideration of my child's participation in the programme I hereby, release, waive, discharge and agree not to sue BWFC or it's partners EduKick and Inlingua from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death that may be sustained by my child, wheth er caused by the negligence of the releases or otherwise while participating in such activity, or while in, or upon the premises where the program activity is being conducted.

I also give my permission for any medical care or treatment by a physician, surgeon, hospital or medical care facility that may be required, including transportation, and accept responsibility for this cost. I can confirm that my child is covered under personal and or family insurance in the event of a serious accident.

I also understand and agree that if my child violites any of the FSP rules that he/she may be sent home early at my own expense and without any refund of programme fees.

I agree that all information provided in this Registration Form is correct to the best of my knowledge.

Parent / Guardian Signature: _____ Date: _____

Print Name: _____

I, _____ have read and agree to follow all instructions, procedures and guidelines set out by BWFC and it's partners EduKick and Inlingua in order to maintain a maximum level of safety and security for myself and others around me. I understand that if I violate any of the FSP rules, BWFC reserves the right to send me home early expelling me from the programme and all future BWFC events. I agree that I have read and understand the course terms and conditions available online at www.bwfciss.co.uk.

Player Signature: _____ Date: _____

Print Name: _____



Bolton Wanderers Football Club International Soccer School
Training Ground, Euxton Lane
Euxton, Chorley PR7 6FA



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