

Football Training

FREE with Walsall FC Coaches

**Starts week
beginning 19th
Sept 2011**



**At Sneyd CA &
Blakenall
Community
Centre**



- **It's a 10 week course for young people aged over 10 years**
- **Take part and you get to see a Walsall FC home game and a chance to be a ball boy**



Tarmac 



Area Partnerships



IYPSS

Walsall FC Football Programme BOOKING FORM

www.mywalsall.org/positive

| | | |
|--|---|---|
| By telephone 01922 650446 Lines open from Monday - Friday Between 10:00am – 1:00pm | In person At: Positive Activities Head office, Aldridge Manor House, Little Aston Road, Aldridge, Walsall, WS9 8NJ | By post Complete this form & send to: Football programme FREEPOST WL424 Walsall Council Civic Centre, Darwall Street WALSALL, WS1 1RG |
|--|---|---|

Participant Details

| | | | |
|------------------------------------|-------------------------|----------------------------|---------------|
| Name: | | Date of Birth / Age | |
| Address: | | | |
| Telephone: | | Email: | |
| Preferred method of contact | Telephone / Text | Email | Letter |

Please **circle** the session code of the venue you would link to attend.

| Session Code | Start Date | Venue |
|----------------|---------------------------------|--|
| WFC/SCA | 19 th September 2011 | Sneyd CA , Sneyd Comprehensive School, Vernon Way, Walsall, WS3 2PA |
| WFC/BCC | 19 th September 2011 | Blakenall Community Centre , Blakenall Row, Blakenall, Walsall, WS3 1LW |

Once your registration has been processed, you will receive information about transport and pick up points.

Light refreshments may be provided at some activities; however, Positive Activities can not be responsible for providing food and drink for young people. We recommend parents provide a packed lunch and enough refreshments for the duration of each activity/event. Due to the location and nature of some activities please ensure young people wear suitable clothing and footwear. Any necessary personal protective equipment required will be provided on the day.

Cancellations: We reserve the right to cancel any event without prior notice given; however, we will endeavour to contact you soon as possible informing you of any cancellations.

How did you hear about us? Please circle.

| | | | | | | | | |
|-----------|--------|-----------|-------|---------|---------|----------|--------|-------|
| Post card | Poster | Newspaper | Radio | Website | Twitter | Facebook | Friend | Other |
|-----------|--------|-----------|-------|---------|---------|----------|--------|-------|

Parental Consent Form – Football Programme

Dear Parent

We require your consent to allow your daughter/son to take part in the activities outline below under the supervision of our qualified and experienced staff.

1. Description of Activities:

1. _____

2. Name: _____

3. Address: _____

Tel. No. _____

4. Age _____ **Date of Birth** _____

5. Address (for emergency use)

Tel. No. _____

6. Personal Information Please give details requested below or personal information which might be relevant.

A. Has your child, to your knowledge, been in contact with any infectious illness in the last three weeks? **If yes, give details**

Yes /No _____

B. Does he/she suffer from allergies, Diabetes, migraine, epilepsy, bad period pains or any other illness or disability? **If yes, give details**

Yes /No _____

C. Is he/she allergic to anything (e.g. antibiotics, Elastoplast, aspirin or any such medicines, any particular food, etc.)? **If yes, give details**

Yes /No _____

D. Is he/she actively sensitive to penicillin? **If yes, give details**

Yes /No _____

E. Is he/she receiving any medical treatment at present? **If yes, give details**

Yes /No _____

F. Date of last anti-tetanus injection _____

G. Does he/she have any special dietary needs? _____

H. Can he/she swim 50 metres? Yes - No

I. Name & Address of own Doctor _____

7. Parental consent:

- i) I agree to my son/daughter taking part in the above activities.
- ii) I understand that the staff responsible for the activities will take all reasonable care of participants.
- iii) I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

Signature: _____

(Please print your name alongside your signature)

8. Please return this form to:

Positive Activities, Aldridge Manor House, Little Aston Road, Aldridge, Walsall, WS9 8NJ

A copy of this form may be returned to parent/guardian, once received and signed, if requested.



Photographic Consent Form for appearance in Walsall Council Reference, Promotional and Marketing Material.

This form must be completed by any member of the general public and/or council officer(s) who may appear in Walsall Council-related press/publicity/marketing or promotional material, and signed by a representative of the photographic/production company/advertising organisation.

There must be two copies, one for the member of public/officer – one returned to, and held by, the Communications Unit at Walsall Council, the other given to the individual being photographed. Participants under the age of 16 must have this form signed by a parent or legal guardian (see below)

Member of public/officer name:

has agreed to appear in reference/promotional material produced for Walsall Council – description of shot(s) taken

Description of photograph: Participating in summer activities programme on (date)

The photograph(s) may be reproduced and published for use in any Walsall Council reference or promotional material.

Signed Date
Member of public

I (representative from Photographer/Advertising agency) countersign to witness the above

Signed Date
Photographer/advertising agency

Please Note

If the participant(s) is/are under 16 years old, please give date of birth of individual and name and contact details for parent and guardian:

Date of birth ___/___/___ **Name of parent /guardian:** _____

Contact number: _____

I permit Walsall Metropolitan Borough Council, to use photographs of me/ my relative in Walsall metropolitan Borough Council’s publication and publicity material, and for inclusion in the Authority’s central image library.

Signed: _____ **Date:** _____

(must be signed by parent/guardian if individual is under 16years old)

This document represents a legally binding contract between the above parties.

Document owned by: The Communications Unit, Walsall Council, Council House, Lichfield Street, Walsall, West Midlands.

Tel: 01922 652882 email: communications@walsall.gov.uk

For the Council's use

Photographer:.....

Date:.....

Subject:.....

Copyright:.....