

Dobcross Village Olympics 2011



SURNAME:

FIRST NAME :

ADDRESS:

HOME TEL. NO: MOBILE:

EMAIL:

DATE OF BIRTH:

Age on 31 Aug 2011

I have read and understood the limited insurance cover available and give consent for my child/ren to take part in the training sessions and events.

SIGNATURE OF PARENT/GUARDIAN:

I DO NOT WANT my child/ren to be identified in photographic images.
(tick box to decline)

If you **DO NOT WANT** your details to be passed on to Oldham Council to enable you to be informed of activities on offer in the local area, please tick the box.
please tick the box.

Fee collected by:	£5.00	£3.00	Data entered: <input type="checkbox"/>
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T-SHIRT ORDER

To Pay / Paid for

NAME :

SIZE REQUIRED

7-8 yrs 9-11 yrs 12-13 yrs 13 + yrs (M) 14+ yrs (L) 15+ yrs (XL)

COLLECTION DETAILS

School Training Session Other
Please specify: