



GRS Saturday Morning Football School at St Christopher School
10am – 11.20am

Please email enrolment to grsletchworth@gmail.com and transfer the money to details below.
Mobile 07735 466075

Name of Child One	
Date of Birth	
Age	
Name of Child Two	
Date of Birth	
Age	
Contact Number 1	
Contact Number 2	
Email Address	
Medical details	

Outfield – 10 sessions 19 th 26 th Sept, 3 rd 10 th 17 th Oct, 7 th 14 th 21 st 28 th Nov, 5 th Dec	£68	
Goalkeeping – 10 sessions 19 th 26 th Sept, 3 rd 10 th 17 th Oct, 7 th 14 th 21 st 28 th Nov, 5 th Dec	£80	
Total Cost		

Declaration

I acknowledge and accept that Grassroots or the organisation providing the facilities and their respective agents or employees are not under any liability what so ever in respect of personal injury, loss or damage however caused whilst in attendance of the Football course.

Transfer the fees to Grassroots Soccer Bank Account.

Sort Code 20-41-12

Account Number 03260224

Reference GRSAlet followed by child's name. For example, GRSAletpauldeller

I agree to my son/daughter being filmed or photographed with the possibility that these might be used for publication and/or publicity.

In the event of an emergency I consent to any emergency medical/dental treatment that my son/daughter may require prior to my arrival.

I acknowledge that if a session is cancelled due to a school commitment, Grassroots will do everything to rearrange the lost session.

Please acknowledge that due to FA covid 19 guidelines, group sizes will be NO bigger than 14 per group.

Signed	
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