

Booking Form

SOCCER SCHOOL

To book a place, please complete and return the form to SLC reception or email it our enquiries address below

Child's Name			
Age		Date of Birth	
Parent/Guardian Name			
Telephone Numbers	Mobile:		
	Home:		Work:
Address			
Email Address			
Medical Conditions			

Course

Tuesday
7th April

until

Thursday
9th April

Parental Consent

_____ agree to my child taking part in Sylvestrian Leisure Centre's Soccer School. I give my consent for medical treatment to be administered to my child on the advice of a medical practitioner. I have set out above details of any medical conditions from which my child is suffering, together with details of any treatment medications currently being taken.

Parent/Carer Signature:

Authorised Collectors:

Date:

Password:



☎ 0208 509 6526
enquiries@sylvestrian-leisure.co.uk
 Sylvestrian Leisure Centre, Forest School,
 College Place, London, E17 3PY
www.sylvestrian-leisure.co.uk


SYLVESTRIAN
 LEISURE CENTRE