

# ST IVES TOWN FC **Extra-Curricular**



## Registration/Booking Form

Full Name.....

DOB..... Age Years ..... School Year.....

Address.....

..... Post code .....

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Contact Mob ..... Home number.....

Emergency name / number.....

Allergies / Medical conditions e.g (Asthma).....

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Payment Method: ☐ Cash ☐ Cheque *(Made payable to Lloyd Groves)*

**Total Amount Due 14<sup>th</sup> September: £40** *(13 Sessions)*

**Photographic Policy** - The Club may want to use any photographs taken of the players for advertising / publicity purposes etc. If you have any objections to this please indicate.

Yes ☐ No ☐

**Data Protection** – As a Parent/ Guardian you are signing to allow St Ives Town FC to retain and use Data pertaining to your child in regards to our registration processes/ Audit purposes and will dispose of such Data 2 years post the year of the registration.

Parent/ Guardian Signature.....