



- I wish to enrol my named child(ren) at Hanwell Town Soccer School, each Saturday commencing September 2009 through to July 2010.
- I agree to disclose the annual registration fee of £40 in addition to regular payments of the agreed monthly fee, payable on 1<sup>st</sup> Saturday of every month.
- I agree to abide by the parent's Code of Conduct (see www.hanwelltownsoccerschool.co.uk)

Please read above and tick as appropriate:

### Parent/Guardian Details:

FORENAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTCODE \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ (We will not pass your details to any other organisation)

### Players Details: (1<sup>st</sup> Child)

FORENAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

SCHOOL ATTENDS: \_\_\_\_\_ YEAR \_\_\_\_\_ AGE \_\_\_\_\_

DETAILS OF ANY MEDICAL CONDITIONS: \_\_\_\_\_

### Players Details: (2<sup>ND</sup> Child)

FORENAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

SCHOOL ATTENDS: \_\_\_\_\_ YEAR \_\_\_\_\_ AGE \_\_\_\_\_

DETAILS OF ANY MEDICAL CONDITIONS: \_\_\_\_\_

**PARENT/ GUARDIAN DECLARATION:** "I agree to all HTSS terms and hereby give permission for my child/ren to be given emergency treatment as necessary in my absence".

SIGNED: \_\_\_\_\_  
(Father/Mother/Guardian)

DATE: \_\_\_\_\_

**Please submit form and a cheque, made payable to 'Hanwell Town Soccer School'  
Send to: 10 Milton Road, Hanwell, London, W7 1LF**