



APPLICATION FORM
KETTERING TOWN FOOTBALL CLUB
OCTOBER HALF-TERM COACHING SESSIONS

CHILD DETAILS

First Name	Surname
Male / Female	Emergency Contact Tel No.
Date of Birth	Age
Please note any medical condition we should be aware of	

PARENT/GUARDIAN DETAILS

First Name	Surname
Address	
Postcode	Contact Tel No.
Email Contact (if applicable)	

DISCLAIMER: I hereby release Kettering Town Football Club, its employees and associated parties from any and all liability of any kind, including personal injury or property damage due to the participation in the coaching classes.

I agree to the above named child participating in the KTFC half-term coaching sessions

Signed

Date

For office use
Booking reference: <input type="text"/>
Payment received: £ _____ Date received: _____ Method: _____
Any comments: