

RUN JUMP THROW APPLICATION FORM

CHILD DETAILS

Name:

Male: Female: Age: DOB:

Medical information/allergies/disabilities:

PATENT/GUARDIAN/CARER CONTACT DETAILS

Name:

Address:

 Post Code:.....

Home telephone: Mobile number:.....

E-mail:

Photographs may be taken during Run Jump Throw sessions which may be used for press or publicity reasons. If you **DO NOT** wish your child's image to be used in this manner please inform Stadium Staff in writing.

Places can only be secured upon full payment being made per child per event. Non-payment of fees may result in your child/ren sitting out. Application forms must be completed for each child and be returned before sessions start.

We regret we cannot issue refunds. Every effort will be made to accommodate bookings however sessions are subject to demand. Refunds may be transferred to future Run Jump Throw fees, other Trust run activities or can refunded via Falkirk Community Trust Vouchers.

PATENT/GUARDIAN/CARER CONSENT:

I give permission for the above named child to take part in the session[s] noted. I have noted above any relevant health information that may affect the above named child taking part in the activity session/s for Organisers to take into consideration.

Sign date

RUN JUMP THROW SESSIONS

Session/Day	Monday	tick	Wednesday	tick	Friday	tick
4-6yrs	4pm-5pm		4pm-5pm		4pm-5pm	
Disability					5.15pm-6.15pm	
7-8yrs	5.15pm-6.15pm		5.15pm-6.15pm		6.30pm-7.30pm	
9+yrs	6.30pm-8pm		6.30pm-8pm		6.30pm-8pm	
Development	6.30pm-8pm		6.30pm-8pm			

Easter	tick	Summer	tick	October	tick	Festive	tick
week number		week number		week number		date/s	
am only		am only		am only		time	
pm only		pm only		pm only			
Both am+pm		Both am+pm		Both am+pm			

