

# Summer

## RECREATION 2016 PROGRAMME

Name: .....

Address: .....

..... Postcode.....

Tel: ..... D.O.B. .... Age: .....

Boy / Girl: ..... School: .....

Please indicate if your child suffers from any medical condition or is on any medication:

.....

.....

I wish to attend the (Code & Course Name)

..... - .....

### PLEASE USE ONE FORM PER COURSE

Please give the names and contact telephone numbers of two people who may be contacted in case of an emergency

Name: .....

Telephone No. ....

Name: .....

Telephone No. ....

*(Parent must sign and complete reverse)*



**Causeway  
Coast & Glens  
Borough Council**

# PARENTAL CONSENT FORM

I understand that Causeway Coast and Glens Borough Council, its servants, agents and employees are not under any liability whatsoever in respect of personal injury, loss or damage however caused, as a result of the negligence of the participant or agents, while attending any of these courses. I also give consent for my child to appear in any publicity related photographs in connection with Sports Development courses.

I enclose a cheque for £ .....

**FULL PRICE TICKET £30 per course per person**

**DISCOUNT TICKET £24 per course per person**

- a) ATL (Applicable on all courses)
- b) Minimum of 3 courses enrolled per household (must be booked at same time)

Cheques should be made payable to

**“Causeway Coast and Glens Borough Council”**

**Signed:** .....  
*Parent / Guardian*

**Date:** .....

**email:** .....

**Do not turn up to a course unless you have definitely been allocated a place. If you are on a reserve list we will contact you if a place becomes available.**

**Please return completed application forms together with the course fee to:**

**Sports Coaching Courses  
Coleraine Leisure Centre Railway Road Coleraine  
Tel: (028) 703 56432**

**ENROLMENT STARTS FROM 8.15AM SATURDAY 4 JUNE 2016  
COLERAINE LEISURE CENTRE**

Please make sure you have filled in the course(s) you want to attend.



**Causeway  
Coast & Glens  
Borough Council**