

# ClubAZ Booking Form



To ensure a place on any of our courses please complete the details below.

1. Name.....Age.....Date of Birth.....  
School.....  
2. Name.....Age.....Date of Birth.....  
School.....Address.....  
.....P/code.....Home Tel No.....  
Mobile.....Emergency No.....  
Work No.....AZ Site: Macclesfield / Alderley Park / Other  
Email.....

**N.B. Sportspoint is registered through Social Services and we are required to obtain a minimum of 3 contact numbers.**

## MEDICAL HISTORY

Please advise us if your child suffers from any disabilities or health problems.  
Also give details of allergies or medication on separate sheet or paper.

Doctor.....  
Doctor's Address.....Tel.....

## BOOKING DETAILS

Holiday Booking - Venue.....No. Days.....  
Days/dates.....Fee Enc.....  
Person Collecting Child.....

**Please make cheques payable to Sportspoint**

ClubAZ Member  Non ClubAZ Member  ClubAZ No.....

As a parent/guardian of the above child I give permission for the above child to be medically treated for illness occurring or injury sustained during participation of this course. I hereby release any agents or employees of Sportspoint from any liability on account of any injuries sustained by a player while participating of Sportspoint from any soccer/holiday camps. I give consent for my child to be photographed whilst participating in the activities and for photographs to be used for education and promotional purposes. I have read and understood the above and the booking conditions of Sportspoint.

Signed.....Date.....

Tick this box if you don't want to receive direct communications regarding children's activities.

**Please ensure this form is fully completed and payment is enclosed and returned to Sportspoint at:**

The Dobbinetts, Dobbinetts Lane, Hale Cheshire WA15 7TU.  
( Should you require confirmation please enclosed a stamped addressed envelope.)