



**All Ages**

**All Abilities**

**All Sports**

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**Registration Form**

**Participants Name:**

**D.O.B:**

**Session Attending:**

**Contact Name:**

**Contact Number:**

**Contact Email:**

**Contact Address:**

**School & Year Group:**

**Medical History (include Medication):**

**Allergies:**

**Permission for Photographs in Session: YES / NO**

**Amount Paid:**

**Parent/Guardian Signature:**