

Sport 4 Life – Training Booking Form 2010

Candidate name:

Course No. Course Title

Course Date Venue Cost

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Candidate Address:
Postcode:

E mail address:

Daytime Telephone Number Mobile Telephone Number

Emergency Contact: Telephone Number

Do you have any individual needs we need to accommodate for you to effectively access this learning programme or of which we ought to be aware.

Do you consider yourself to be from a black or ethnic minority group? Yes / No

I enclose total payment of £ Date:

Please tick if StreetMark discount applies, if yes which project:

Signature: Please print name.....

I understand that by completing this form, I am giving consent to participate in any relevant activity. Furthermore, I understand that should any medical treatment be necessary, every reasonable effort will be made to obtain consent of the emergency contacts. However, in an emergency, I authorize Sport 4 Life to consent on my behalf to any medical treatment, which a qualified doctor feels necessary. This could include inoculations, blood transfusions, surgery and the use of anaesthetics. Please note that there are no refunds for non-attendance on the course dates.

I agree to supervised photos & videos to be taken during activities for promotional purposes & for use by accredited partners only. If you object to this, please tick this box.

Please send completed forms together with your payment to: Sport 4 life, Unit G4, Barton Hall, Hardy St, Manchester M30 7NB.E-mail: training@mysport4life.co.uk Tel: 0845 1300849 Fax 0845 3023072

PLEASE MAKE CHEQUES PAYABLE TO Sport 4 Life

Orders from local authorities, schools etc are acceptable for invoicing purposes. This only applies if an official order is sent with the application form.

Please note that this form is an expression of interest form only and does not guarantee a place on the course. However if you are successful you will be contacted prior to the course with details of the course. If you have not been successful we will return your payment to you.