PARENTAL CONSENT

As parent/guardian, I wish for my child to attend this Rathfriland Football Camp. I recognise that Ambassadors Football, 1st, 2nd & 3rd Rathfriland Presbyterian Church and St Johns Church of Ireland are under no liability whatsoever in respect to any personal loss or injury which the above named applicants may sustain during the Rathfriland Football Camp. I also hereby authorise the staff of Ambassadors Football to act for my child in their best judgement in any emergency situation requiring medical attention.

(Please sign below to acknowledge that you have read and understand the above statement)

~ .		
Sin	ned	•
JU	neu	

Date:

PHOTOGRAPHY

During this Rathfriland Football Camp, photographs and video clips may be taken of some of the different activities the boys and girls are involved in. These photos or video clips maybe used in church presentations and in Ambassadors literature.

If you do not wish for your child to be included on any camp photographs/ video clips please tick this box.

DATA PROTECTION

Your information will not be given to any third parties, but it will be stored by Ambassadors Football Ireland in accordance with the Data Protection Act 1998. If you do not wish for your details to be stored on our database please tick this box.

PLEASE COMPLETE & RETURN TO:

Mr Ivor Trimble 15 Castle Fields, Rathfriland BT34 5BN



FOOTBALL • FAITH • FUTURE

CHURCH CONTACT

Mr Ivor Trimble 15 Castle Fields, Rathfriland BT34 5BN

Email: ivor.trimble@hotmail.co.uk



RATHFRILAND FOOTBALL CAMP

@ RATHFRILAND HIGH SCHOOL

• BOYS & GIRLS • AGED 7-14 YEARS OLD

> Date: Tuesday 20th to Friday 23rd June Time: 6.30pm - 8.30pm Cost: Free

REGISTRATION

ABOUT OUR SCHOOL

Ambassadors Soccer Schools

is an initiative of Ambassadors Football International (formerly Ambassadors in Sport), a Christian organisation with over 20 years of experience in youth soccer.

Here at Ambassadors Football Ireland our Camp Directors are all IFA qualified coaches. We also recruit and train coaches to help with our soccer schools.

In addition to these coaches, Ambassadors Soccer Schools also represents a growing network of energetic and experienced local volunteer and church coaches. At every school the player to coach ratio is never greater than 10:1, to ensure each child receives the individual attention they need.

Ambassadors Soccer Schools give the participants an opportunity to learn basic and advanced soccer skills in a fun, positive and encouraging Christian environment. In addition to great coaching, we provide a daily life related "Team Talk" geared towards communicating the lifechanging principles found in God's word. Each day includes technical skills, fun football games, small sided games, and the last day involves competitions and a fun Euro Cup tournament. WHAT WILL YOU RECEIVE? Four days coaching from qualified coaches
An opportunity to win individual and team medals and trophies

Full Name: Gender: Male Female DOB:	CHILI	D'S DETAILS
Child has permission to walk home on their own CHILD'S DETAILS Full Name: Gender: Male Female DOB:// School Yr: Please indicate if your child has any medical condit we should be made aware of. Child will be collected by: Child has permission to walk home on their own PARENT / CARER DETAILS Title: Mr Mrs Mrs Ms Other First Name: Surname: Email: Contact Tel: Contact Tel:	Gend DOB: Pleas	ler: Male Female // School Yr: e indicate if your child has any medical condition
CHILD'S DETAILS Full Name: Gender: Male Gender: Male POB: // School Yr: Please indicate if your child has any medical condit we should be made aware of. Child will be collected by: Child has permission to walk home on their own PARENT / CARER DETAILS Title: Mr Mrs Ms Other First Name: Surname: Email: Contact Tel:		
Full Name: Gender: Male Female DOB: / School Yr: Please indicate if your child has any medical conditive should be made aware of. Please indicate if your child has any medical conditive should be made aware of. Child will be collected by: Child has permission to walk home on their own PARENT / CARER DETAILS Title: Mr Mrs Mrs Ms Other First Name: Email: Contact Tel:		nild has permission to walk home on their own
Gender: Male Female DOB:/ School Yr: Please indicate if your child has any medical condit we should be made aware of. Child will be collected by: Child has permission to walk home on their own PARENT / CARER DETAILS Title: Mr Mrs Ms Other First Name: Surname: Email: Contact Tel:	CHILI	D'S DETAILS
Child has permission to walk home on their own PARENT / CARER DETAILS Title: Mr Mrs Ms Other First Name: Surname: Email: Contact Tel:	Gend DOB: Pleas	ler: Male Female // School Yr: e indicate if your child has any medical condition
Title: Mr Mrs Ms Other		
First Name:Surname: Email: Contact Tel:	PARE	NT / CARER DETAILS
Email:	First I	Name:
	Surna	ame:
	Email	:
Postcode	Conta	act Tel:

PLAYERS SHOULD BRING WITH THEM THE FOLLOWING Boots suitable for 3G pitches
 Training shoes for indoor use
 Shin pads
 Tracksuit or other warm clothing

☑ Water bottle

WHAT NEXT?

To secure a place at the Rathfriland Soccer School, simply send your completed registration form to the contact address provided. Or return this form to your church.