

Rosslyn Park Academy Rugby Camp October 2017
Monday 23rd October – Friday 27th October 2017

Childs Full Name _____

Date of Birth _____

Age _____

Dates Attending
(Please Circle as appropriate for season 2016/2017)

23 Oct	24 Oct	25 Oct	26 Oct
U8/U9/U10/U11 U12/U13/U14/U15	U8/U9/U10/U11 U12/U13/U14/U15	U8/U9/U10/U11 U12/U13/U14/U15	U8/U9/U10/U11 U12/U13/U14/U15
Full Day = £35	Full Day = £35	Full Day = £35	Full Day = £35

All 5 Days
£160

Name of School _____

Medical Information _____

Medication _____
(Please speak to a member of staff if your child requires any medication during the course times)

Contact Information

Name of Parent/Guardian _____

Address _____

Mobile Tel No _____

Emergency Tel No _____

Email address _____

Rugby Experience (regular player at school, Rosslyn Park Mini/Midi, no experience)

Permission

I give permission for my son/daughter to take part if the RPFC rugby days and in the event of illness or accident needing emergency treatment I authorise the First Aider on duty or the administrator to agree to any treatment where a Doctor considers that the delay required to obtain your permission for treatment will be detrimental to the child.

Parent/Guardian

Signature _____

Date _____

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Please return this form to the address below:

**Rosslyn Park Academy Rugby Camp,
Priory Lane,
Upper Richmond Road,
Roehampton,
London,
SW15 5JH**

Alternatively please email to:

dom.shabbo@rosslynpark.co.uk

Please find Payment Methods below:

Cheques to be made payable to: Rosslyn Park FC.

Please return this form plus payment to the same address as above

**Payment by BACS available – HSBC Wimbledon; Sort Code 40-07-30;
Account number 91616242; Rosslyn Park F C Business Current
Account**

Please ensure your Full name is referenced on the payment