



REGISTRATION FORM

Session: _____

Childs Name: _____

Date of Birth: _____ Age: _____

Current Rugby Club (If Playing): _____

Parents Name: _____

Email Address: _____

Contact Details: _____

Emergency Contact Details: _____

Allergies, Disability or Medical Conditions? If Yes, Please Describe:

I consent for photos to be taken and shared on social media: Y / N

To secure a place payment will be required via the following details:

Ceri Large

Sort Code: 04-00-04

Account No: 12872294

If you have any further questions or require any more information please feel free to contact me on 07786118204.

I look forward to welcoming you to a session. Ceri 10 Coaching

