

The Inaugural Football Holiday Camp 2011: registration

THE BREWSTER TRUST's Inaugural Football Holiday Camp 2011 is for girls AND for boys AND for children with disabilities – football for everybody. It takes place July 4^{th} to July 29^{th} 2011 as a weekly programme free of charge. Detailed Information on www.football.bb.

A) CHOOSE CATEGORY

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☐ Coaching course for coaches (Ju	☐ 11 - 14 years (July 18 th - 22 nd)							
☐ 7 - 10 years (July 11 th - 15 th)	15 -	☐ 15 - 18 years (July 25 th - 29 th)						
After participating the coaching course for coaches I assist the Gappers in week(s):								
□ 2 (July 11 th - 15 th) □ 3 (July 18 th - 22 nd) □ 4 (July 25 th - 29 th)								
D) DARTICIDANT INCORMATION (SOLEN AND (SOLEN ATHRETS TO SOME THE TOTAL COMP.								
B) PARTICIPANT INFORMATION (COACH AND/OR ATHLETES TO COMPLETE THIS SECTION					-			
Last name:	First: Middle:					date (dd/mm/yyyy):		
				□ M □ F / /				
Email address:	Home phone:		Mobile phone:			Fax number:		
Street address:	City:		Parish:			ZIP Code:		
Country:	Nationality:		Club/Team:		Clothing Size:			
No. of years playing:	No. of years coaching:		Position:					
			☐ Forward ☐ Midfield ☐ Defense ☐ God			☐ Defense ☐ Goal		
C) GUARDIAN/EMERGENCY CONTACT INFORMATION								
Last name Guardian/Emergency Contact:		First:		Relationship:				
Guardian/Emergency email address:		Guardian/Emergency contact phone (during camp times):						
Guardian/Emergency contact mobile phone:		Guardian/Emergency contact address:						



D) PARTICIPANT MEDICAL INFORMATION					
Doctor's name:	Doctor's business phone:	Doctor's fax number:			
Medical condition:					
□ None □ Diabetic □ Hypertensive □ Oth	er, please specify:				
Allergies:					
□ None □ Nuts □ Pineapple □ Shellfish □	☐ Milk ☐ Other, please specify	:			
Disability:					
☐ None ☐ Visually impaired ☐ Hearing imp	paired 🗖 Physically impaired 🕻	□ Autism			
☐ Dyslexia ☐ Other, please specify:					
Nutritional preference:					
☐ None ☐ Vegetarian ☐ Vegan ☐ Other, p	lease specify:				
Medications, please list:					
Additional comments:					
E) PARENTAL CONSENT (FOR PARTICIPANTS 17 YEARS OLD AND YOUNGER)					
I grant permission for my ward to participat 2011 on week:	e in THE BREWSTER TRUST Ind	augural Football Holiday Camp			
1 2 3 4					
I confirm that my child/ward is healthy and occurring during the camp is not covered by		camp and that any injury			
yes on					
I recognise that THE BREWSTER TRUST is no camp:	ot responsible for any accident	s/losses occurring during the			
☐ yes ☐ no					
I agree that any photographs or videos obta commercial purposes by THE BREWSTER TR		ed for marketing and			
□ yes □ no					
PARENT/GUARDIAN/COACH NAME (PRINT)		AN/COACH SIGNATURE			

Registration: participants can be registered at the offices of the camp partners The University of the West Indies or The Barbados Football Association and also at THE BREWSTER TRUST's office in Trents. The registration for coaches closes on Friday, July 1st 2011 at 3.00pm and the registration for all age groups on Friday, July 8th 2011 at 3.00pm.