

REGISTRATION FORM.



Name:	
Date of Birth:	
Email address:	
Address:	
Post Code:	
Contact Number Mobile:	
Contact Number Other:	
:Preferred centre:	
Pack size age 4, 6 or 8 yrs	
Total cost	

Payment can be made via electronic transfer details on email application.

Medical details:	
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I consent to photography in the sessions which may be used for either player viewing for coaching purposes or used for promotional purposes for the IOMCA only on their website or social media.

I consent

I do not consent

Signed:	
Print:	