

Please send completed registration form to:

*Please remember to complete a separate registration form
for each child*

Gary and Julie McNeill
14 Brae Road
Ballynahinch
Co Down
BT24 8UN

(not later than Friday 4th July 2014)

If further information is required please contact:

Gary or Julie - 028 9756 3792

*As numbers are limited places will be allocated in order of
receipt of forms and will be confirmed to you*

FOR OFFICE USE ONLY

Date of receipt of form: _____

SAINTFIELD BAPTIST **Football 4 Christ** **AND** **Hockey 4 Christ**

*Free coaching for
children and young people*

Mon 4th to Thurs 7th Aug 2014

*See inside for further
details and registration
form*



**Come along and learn new skills in either
FOOTBALL or HOCKEY**

**Play in your very own World Cup Tournament
Hear the Good News of the Gospel every night**

Open to all BOYS and GIRLS aged 6-14

Monday 4th - Wednesday 6th August 2014

Football @ Saintfield United Football pitches

Time: 6.30pm - 8.30pm

Hockey @ Saintfield Hockey pitches

Time: 6.45pm - 8.15pm

*Please remember to bring appropriate footwear,
shin pads (football), gum shield (hockey) and a drink
(participants will be grouped according to age)*

Also BBQ / Video / Prize Giving

Thursday 7th August @ 7.00pm

Venue: Saintfield Baptist Church

All participants and parents welcome

*If you are interested please detach and complete the
registration form opposite and send to the address on
the back by Friday 4th July 2014.*

*All coaches hold Child Protection certificates
A trained first aider will be present at all sessions*

**SAINTFIELD BAPTIST CHURCH FOOTBALL/HOCKEY4CHRIST
REGISTRATION FORM** *(Separate form to be completed by parent/
guardian for each child—additional forms at www.saintfieldbaptist.org.uk)*

*I give permission for my child to attend the Saintfield Baptist Church
Football4Christ or Hockey4Christ week to be held at Saintfield United
Football/Saintfield Hockey pitches on 4-7 August 2014.*

Child's Full Name _____ Male Female

Sport (please select one) Football Hockey

Date of birth _____ Age _____

Address _____

Home Tel _____ Mobile No _____

Details of any known medical conditions, allergies etc.:

Photographs and video will be taken during the week. If you do
NOT wish your child to be photographed/videoed please tick here

*In the unlikely event of illness or accident, I give permission for any
necessary medical treatment to be administered by the first-aid
representative, or by suitably qualified medical practitioners. Should my
child require emergency hospital treatment, I authorise an adult leader to
sign on my behalf any written form of consent required by the hospital if
I cannot be contacted. I understand that every effort will be made to
contact me as soon as possible.*

I confirm that the above details are correct to the best of my knowledge.

Signed: _____ Date: _____
(Parent/Guardian)