



CHIGWELL MITRE ENTERPRISES LTD

CHIGWELL SCHOOL EASTER HOLIDAY CRICKET 2019

APPLICATION FORM (to be completed by Parent/Guardian)

I wish to apply for a place on the coaching course as follows:

Monday 15th, Tuesday 16th and Wednesday 17th April 2019

Name of child: (BLOCK CAPITALS PLEASE)

Address:

.....

.....(Post Code) Email:.....

Date of Birth:age in April 2019:.....Years.....Months

Tel: Daytime: Evening: Mobile:

Present school:

Please indicate if the applicant already holds a E.C.B. Certificate (and at which level)

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I enclose a cheque for £..... (£90 for all 3 days or £30 per day) made payable to '*Chigwell Mitre Enterprises Limited*'.

Signed by Parent/Guardian: Date:

When completed please return to: **Mrs T Page (Course Administrator)**
Chigwell Mitre Enterprises Ltd
High Road, Chigwell, Essex. IG7 6QF
E-mail: tpage@chigwell-school.org
Tel: 020 8501 5711

Please ensure you send a completed medical form with your application.
Cancellation refunds are available up to 7 days before the start of the course, after which they are at the discretion of the management.



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Medical Form

FULL NAME OF PUPIL.....

NATIONALITY..... DATE OF BIRTH.....

MEDICAL INFORMATION

Name of Parent/Guardian in BLOCK capitals.....

Address.....

..... Home telephone number.....

Please detail below the name and telephone number of an emergency contact in case of illness or problem whilst participating in the activity.

Contact name..... Telephone No.....

Family Doctor

Name:

Address	Telephone number:
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Please detail below if your child suffers even mildly, from any medical condition. If your child has suffered from any contagious or infectious diseases during the past three months, please detail these.

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Please give details of any recent injury, infection or medical treatment

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If your child is taking medication, please give details including whether it can be self-administered.

Please give details of any allergies or special dietary requirements

Other Information

Are there any activities in which your child may not participate? **Yes/No**

If yes, please give details.

What is your child's swimming ability (eg strong, weak, cannot swim) - **Please circle**

1. Has your child got good eyesight? **Yes/No** 2. Has your child got good hearing? **Yes/No**
3. When did your child have his or her last tetanus booster? **Date**
4. Can your child participate in physical activities without restriction or special supervision? **Yes/No**

Signature of Parent/Legal Guardian.....

Date.....