



5 HALLEY ROAD, WALTHAM ABBEY, EN9 3XR
TEL 07985 197060

Please print out this form in BLOCK CAPITALS, complete and email back to DGUK at
admin@developinggoalkeepinguk.com

FULL NAME

ADDRESS

.....POST CODE.....

HOME TEL MOBILE TEL.....

EMAIL

MEDICAL CONDITIONS (YES / NO)

(If YES please indicate below condition and any medication. All information is treated with the strictest confidence)

.....

DATE OF BIRTH AGE

MALE/FEMALE T SHIRT SIZE (small/medium/large/x large

Parent/Guardian Consent:

I acknowledge and accept that neither Martin Brennan and the staff at DGUK or the organisation providing facilities and their respective agents, servants or employees are under NO liability whatsoever in respect of personal injury, loss or damage however caused, whilst in attendance at any DGUK course. Please note that all DGUK staff and associates are CRB checked.

SIGNATURE (If player is under age of 18 parent/guardian to sign)

PRINT NAME SIGNATURE

I AM INTERESTED IN THE FOLLOWING COURSE

COURSE NAME

COURSE DATE