



St. Mary's Football Club

21st February 2008

Dear Parents,

We are delighted to confirm that the Club has again been entered for the Scotland National Soccer Festival which will take part over the first May Bank Holiday weekend. Teams will participate at Under 12, 13 and 14 age groups.

This has proved a very successful and enjoyable tournament in the past for both players and spectators. The party will travel to Ayr on Friday 2nd May and return Monday 5th May. Accommodation as in previous years will be at the well known Craig Tara Holiday Park Resort. As ever we always welcome parents and ask that if you are interested in joining the trip you contact any member of the Committee. It is essential that we do have sufficient number of adults to assist in the overall supervision of the weekend. We are sure you will agree that the Club must adhere to all Child Protection and Health & Safety guidelines on every occasion.

To cover the costs involved for registration, travel and accommodation each player will be required to pay £100. All monies must be paid to Frankie Wilson (Secretary) by Friday 14th March 2008 to enable payment of all costs in advance as instructed by the tournament administrators.

Please sign and return the attached consent form to confirm your child's availability for the tournament.

Should you have any queries regarding this event please do not hesitate to ask any member of the Committee.

Many thanks

Yours in sport,

Brian Byrne
Eamon Morgan
Frank Wilson
Jim Shaw

*On behalf of the Committee
of St. Mary's Football Club*

AYR TOURNAMENT
2nd – 5th May 2008

Parental/Guardians Consent Form

Anything written on this form will be held in strict confidence. Our coaches need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend the above tournament.

Child's Full Name: _____

Address: _____

Home Tel: _____ Age: _____

Date of Birth: _____ Male / Female (Please Circle)

Emergency telephone contact numbers

(1): _____ (2): _____

If unavailable contact: _____

Tel: _____ Relationship to Child: _____

Details of any known allergies, conditions, medication being taken:

Any other special needs, requirements or directions that would be helpful for the Coaches to know about:

I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given. In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to this tournament.

Signature _____ Parent/Guardian

Print Name _____ Date _____

FEE: £100.00

PAID / UNPAID