

INLINE HOCKEY COACH TRAINING SERVICES

Bolton Enterprise Centre, Washington Street, Bolton, BL3 5EY



LEVEL 1 COACHING COURSE APPLICATION FORM

Course Venue **Lichfield** Date **Sun 26th March 2006**

Surname Forenames

Address

Postcode

Telephone Mobile

Email Nationality

Date of Birth (if under 21)

Occupation

*Do you have a criminal conviction either spent or unspent? **YES/NO** (If yes, please provide details)

(*IHCTS have adopted Sportscoach UK guidelines to the Child Protection Act. All coaches have a duty to inform IHCTS in confidence of any and all convictions)

Are you a **MANAGER** **COACH** **PLAYER** **PARENT** **L.A. EMPLOYEE** **STUDENT**

Skating Ability **NON-SKATER** **BEGINNER** **INTERMEDIATE** **ADVANCED**

YOU DO NOT NEED TO BE ABLE TO SKATE TO ATTEND THE LEVEL 1 COACHING COURSE

If you are associated with a club, please provide the following details

Club Name Location No. of Members

In which league(s) does your club play?

This form is to be accompanied with the course fee of **£50 (passport photographs no longer required)**. Cheques/postal orders should be made payable to **'IHCTS'**. Cash or credit cards are NOT accepted. Incomplete applications forms will be returned.

Please enrol me on the IHCTS Level 1 Coaching Course. I enclose the course fee of £50 which I understand is non-refundable should I fail to attend. I also waiver any liability against IHCTS should I suffer any injury whilst attending the course. I also understand that the submission of this form is not a guarantee that places are available. If places are not available I have the option of transferring to another course or receiving a full refund.

I understand that the information on this form will be held on a computer and is subject to the Data Protection Act 1984. Information about me may be added to a list so that I can be advised by mail about special offers and promotions available to me as a licensed inline hockey coach and other organisations approved by IHCTS, unless I write to IHCTS or there is a marking in this box.

Signed Date

Name (please print)

CHECK LIST:

- (A) Fully completed form.
- (B) A cheque or postal order for **£50** made payable to **'IHCTS'**.
- (C) Send all the information to IHCTS at the address on the right at least 10 days before the date of the course.

IHCTS
Bolton Enterprise Centre
Washington Street
Bolton
BL3 5EY **Tel 01204 524262**

IHCTS reserve the right to cancel any course due to unforeseen circumstances or if insufficient applications have been received 10 days before the date of the course. Applicants already accepted will be given the option to transfer to another course or to receive a full refund.

Visit the web site

www.ihcts.co.uk