

Registration Form

Player Name: _____ Surname: _____ Date Of Birth: ____/____/____

Address: _____ Post Code _____

Contact Home: _____ Registered Club _____

Mobile: _____ Email: _____

Age Group: Mini (6 – 7) Junior (8 – 9) Junior Adv (10 – 11) Youth (12 – 14) Youth Adv (15 – 17) (Please Circle) **Boy / Girl**

Kit Size: (6) (8) (10) (12) (Xs) (S) (M) (L) (Please Circle)

Participating in: (10 Week Academy Program) (Wed) or (Fri) or (Both Days) (Tournament) (Please Circle)

School Holiday Clinic - (Week 1) (Week 2) (Please Circle)

Locations: **Lower Blue Mountains (Winmalee)** **Inner West Sydney (Strathfield)** (Please Circle)

Parents/Guardians Name: _____ Emergency Contact No. _____

Name and Address of Family Doctor (if applicable): _____

Medicare No: _____ Private Health Care Details (if applicable): _____

Health Care Card No: _____

Ambulance Cover: Yes No Number: _____

Does your child suffer from any of the following?

Epilepsy Heart Conditions Asthma Diabetes Blackouts Migraines Other

Allergies to: Penicillin _____ Other Medication _____

What special care is recommended?

Is your child on any form of ongoing medication, if so please state?

PAYMENT METHOD: EFT or Cash (Please Circle preferred method of payment).

IF PAYING CASH PAYMENT MUST BE MADE ON FIRST DAY OF PARTICIPATION

WAIVER

The undersigned in their capacity as parent/guardian of _____ (insert participants name) acknowledges that they have read and understood the Terms & Conditions stated by One Goal Futbol and that this project is organized and managed by Staff, and hereby waives any claim against One Goal Futbol, and their affiliated companies in connection with the One Goal Futbol project he is being enrolled to.

CONSENT TO MEDICAL ATTENTION

Where the Coach or Club Management is unable to contact me, or it is impracticable to contact me, I hereby give permission to the Coach or Club Management to seek treatment for my child at a hospital, or to call a Doctor and/or ambulance and/or dentist during an emergency and agree to pay all relevant costs involved.

Name of Parent/Guardian _____

Signature _____ Date _____