

Soccer Clinic

Cranbourne Indoor Sports

Commences on: Mon 16th April 2018



\$10 per session

Sessions suits children

REGISTRATION FORM

Term Two (10 week term)



aged 5 – 10 years / children
aged 11 – 14 years

\$10 per session

Please mark preferred session:

Younger	4:15pm-5:00pm	Older	5.00pm – 5.45pm
PARENT / GUARDIAN DETAILS			
Last Name		First Name	Relationship to Child
Street Address		Suburb	Postcode
Mobile Phone	Home Phone	Email	
BACKGROUND INFORMATION			
Do you give permission for your child/ren to be photographed during the program?		YES NO	How did you hear about us?
PRIVACY			
Cranbourne Indoor Sports is collecting this information for the purpose of registering your child for KICK-OFF Junior Soccer Clinic . The information will be used for administration purposes and to contact you in the event of an emergency, but will not be disclosed to any other party except as required by law. If you fail to provide this information, the registration may not be processed.			
CONFIDENTIAL CHILD/REN DETAILS			
Childs Name (1)		Childs Name (2)	
Date of Birth	Age	Male / Female	Date of Birth
			Age
			Male / Female
School Attended:		School Attended:	
Allergies	YES NO	Asthma	YES NO
Medical Condition	YES NO	Medication	YES NO
Does this child have any additional or specific needs that we should be aware of?		Does this child have any additional or specific needs that we should be aware of?	
YES NO		YES NO	
If yes to any of the above, please explain eg Epipen, Asthma Plan etc.		If yes to any of the above, please explain eg Epipen, Asthma Plan etc.	
PARENT/GUARDIAN DECLARATION			
I, the undersigned			
<ol style="list-style-type: none"> 1. Give permission for my child/ren to participate in the centre based activities 2. Accept that no refund will be provided if my child/ren miss a class after the full term payment has been made 3. Authorise staff, in the event of an accident or illness, to obtain all necessary medical / ambulance assistance and treatment for my child and agree to meet any expenses attached to such treatment. 4. Agree that Cranbourne Indoor Sports and their staff are to be free and clear of all responsibilities whatsoever for accident, illness, theft of clothing or valuables during my child's participation on any of the activities involved on the program. 5. The information I have provided on this form is correct. 			
PARENT / GUARDIAN SIGNATURE:			DATE: