

DF Sports September 2010 School Holiday Football Coaching Clinic Application and Registration Form

Numbers are limited so early registration is vital.

Parent's Name: _____ Participants Name: _____

Age and DOB of Participant: _____ Current Club and School _____

Address: _____

E-mail Address: _____ Telephone Number: _____

Medical Conditions (if any): _____

Did your child attend the previous clinics? Yes / No (please circle)

DATES AND SCHEDULES: THE VENUE IS ROCHEDALE ROVERS SOCCER CLUB

Monday 20th – Wednesday 22nd September 2010 – 9am to 12-30pm

The cost is \$90 for the first child, \$60 for a second child and \$30 for a third child from the same family.

Our clinics are based on quality rather than quantity

Participation is on a first registered basis – numbers are limited so please register early.

Please Forward Completed Application Form to:

DF Sports Management Australia Pty Ltd, P.O. Box 965, Springwood, Queensland 4127

Or Fax to (07) 3287 9278

Payment

Direct Bank Deposit: Westpac Bank, Loganholme: BSB 034 264 Account Number: 275 417
Please include Child's name as the Pay Reference.

Credit Card Payments: Visa Bankcard or MasterCard

Card No: _____ Expiry Date: (mm/yy) ____/____

Amount: \$ _____ Name on Card: _____ Signature: _____

I, the undersigned, approve of this application and do agree that DF Sports Management and it's Coaching Staff are free of all responsibility what so ever in my child participating in all activities for any loss, injury, or illness. In the event of any illness or injury to my child I hereby give DF Sports Management my consent in arranging any medical treatment required at my expense.

Name _____ **Signed:** _____ **Date:** ____/____/2010