



TOTAL FOOTBALL ACADEMY



Registration Form

Post to:
Avon United FC
Total Football Academy
P.O Box 11-190
Sockburn, Christchurch

Email: tsetso@avonunited.co.nz

Bank Details: Avon United F.C 03 0802 0106528 00
All Cheques Payable to "Avon United F.C."

Closing date for registrations: 26th July 2009

Late registration fee \$10 extra

Participants Name: _____ male/female (circle one)
Date of Birth: _____
Address: _____
Cell phone: _____
E-mail: _____
Club/School: _____
Parent/Guardian's Name: _____
Medical Conditions/Allergies/Medications: _____
Emergency Contact: _____
Dr Name: _____

TOTAL FOOTBALL ACADEMY TERM 3 SUBSCRIPTION

Bank Details: Avon United F.C 03 0802 0106528 00
All Cheques Payable to "Avon United F.C."

First child - \$55
Second child – \$25
Third child – free

Fees Paid: \$ _____ Date _____ Receipt No _____

Waiver of Liability:

I give permission for my child to attend the Total Football Academy and for the coaches to act for me in an emergency. I hereby waive and release all coaches, Avon United F.C. and staff from any liability of injuries sustained to my child whilst in attendance of the Total Football Academy. I accept full responsibility for my child's medical bills and associated expenses as a result of injury of illness sustained whilst in attendance at the Total Football Academy.

Parent/Guardian Signature: _____ Date: _____