

FAST FOOTBALL

PRE SCHOOL PROGRAM FORM

This form is to be filled out if the program has commenced at your child's centre.
Fill out the form and email to: office@fastfootballacademy.com.au

WHERE: _____

TERM: _____

How Much: \$12.25 Per session (per registration)

Number of sessions to join: _____

MY DETAILS:

Players Name: _____ Date of Birth: _____

Parent / Guardian Name: _____ Mobile Number: _____

Email: _____

Medical Conditions (please circle) YES / NO - If yes, please provide details: _____

PAYMENT DETAILS:

Credit card payment of \$ _____

Visa MasterCard (all credit card payments incur 1.5% surcharge)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Expiry date: ____ / ____ CVV Number ____ (back of card)

Name of cardholder: _____ Cardholder Signature: _____

Please note that your email address will be added to our mailing list for future F.A.S.T Football programs & newsletters

I am aware of my child participating in this football clinic / activity. I acknowledge that risk of injury is inherent in a sports such as soccer and that from time to time there may be accidents and falls which may cause serious injury to the participant. I indemnify FAST Football Academy Pty Ltd against any claim damages against them as a result of any injury to my child. I certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any pre existing medical or psychological conditions. If attention is required for illness or injury, I give my permission to a staff member for such care. I also give consent to the FAST Football Academy Pty Ltd to take photos or video taped of the participants and publish them for marketing materials on the basis that the images will be used by FAST Football Academy in a professional and responsible manner for promotional purposes.

Signature of Parent / Guardian _____ Date _____