

WATERGRASSHILL UNITED UNDERAGE ACADEMY

2011/2012 SEASON



MEMBER/CHILD'S NAME:
PARENT/GUARDIAN'S NAME(S):
MEMBER/CHILD'S DATE OF BIRTH:
CONTACT ADDRESS:
CONTACT DETAILS: HOME: MOBILE: EMAIL ADDRESS:
<u>ALLERGIES/AILMENTS:</u>
OTHER COMMENTS:
<input type="checkbox"/> I AGREE / <input type="checkbox"/> I DO NOT AGREE for <u>First Aid</u> to be administered to above member/child in the event of injury occurring during a training session or match organized by Watergrasshill United. (tick as appropriate) Please note that for PR purposes, <u>photographs</u> are taken throughout the season for publishing on our club website, our club Facebook page and local newspapers. <input type="checkbox"/> I AUTHORIZE / <input type="checkbox"/> I DO NOT AUTHORIZE Watergrasshill United to include above member/child in PR publications. (tick as appropriate) Parent / Guardian Signature _____ Date ____ / ____ / _____