



**WATERGRASSHILL UNITED UNDERAGE ACADEMY / CSL:
Registration Form 2012 / 2013**

One Form Per Child Please

MEMBER/CHILD'S NAME:

MEMBER/CHILD'S DATE OF BIRTH:

MEMBER/CHILD'S AGE:

PARENT/GUARDIAN'S NAME:

PARENT/GUARDIAN'S NAME:

CONTACT DETAILS:

PARENT/GUARDIAN'S

PARENT/GUARDIAN'S

HOME TEL:

HOME TEL:

MOBILE:

MOBILE:

EMAIL ADDRESS:

EMAIL ADDRESS:

OTHER/EMERGENCY NUMBER:

NAME

CONTACT HOME ADDRESS:

ALLERGIES/AILMENTS:

OTHER COMMENTS:

I AGREE / I DO NOT AGREE for First Aid 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, photographs are taken throughout the season for publishing on our club website, our club Facebook page and local newspapers.

I AUTHORIZE / I DO NOT AUTHORIZE Watergrasshill United to include above member/child in PR publications. (Tick as appropriate)

Parent / Guardian Signature _____ Date ____ / ____ / _____