

**WATERGRASSHILL UNITED UNDERAGE ACADEMY
REGISTRATION FORM 2013/2014**



MEMBER/CHILD'S NAME:	
DATE OF BIRTH:	AGE:
PARENT/GUARDIAN'S DETAILS	
NAME:	NAME:
HOME TEL:	HOME TEL:
MOBILE:	MOBILE:
EMAIL ADDRESS:	EMAIL ADDRESS:
CONTACT HOME ADDRESS:	CONTACT HOME ADDRESS:
OTHER/EMERGENCY NUMBER and NAME:	
ALLERGIES/AILMENTS:	
OTHER COMMENTS:	
<p><input type="checkbox"/> I AGREE / <input type="checkbox"/> 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)</p> <p><small>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.</small></p> <p><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)</p> <p><input type="checkbox"/> I AGREE / <input type="checkbox"/> I DO NOT AGREE to be included in the Watergrasshill Email Notification List to keep me up to date with the latest Watergrasshill United News (Tick as appropriate)</p> <p>BY SIGNING THIS FORM I AGREE WITH THE CLUBS NO PAY, NO PLAY POLICY AND AGREE TO PAY THE REGISTRATION FEE IN FULL WITHIN 3 MONTHS OF SIGNING.</p> <p>Parent / Guardian Signature _____ Date ____ / ____ / _____</p>	