



REGISTRATION FORM

COASTPRO FOOTBALL COACHING CLINIC

NAME: _____

DOB: _____

GUARDIAN'S NAME: _____

CONTACT NUMBER: _____ POST CODE: _____

EMAIL: _____

MEDICAL CONDITIONS: YES | NO

DETAILS: _____

HOW DID YOU HEAR ABOUT US? _____

METHOD OF PAYMENT: (PLEASE CIRCLE)

CASH | CHEQUE | BANK DEPOSIT

I hereby release CoastPro Coaching and any hosting organisation from any and all claims and liability of any kind of personal injury or property damage due to participation in this camp. I understand that participation in sports camps include physical contact and 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 physiological conditions. If attention is required for illness or injury, I give my permission for a staff member to give such care. I give my consent for my child to be photographed or videotaped while participating in training activities and for the resulting images to be used only by CoastPro Coaching for promotional purposes.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

THANKS

STEVE & SCOTT

COASTPRO FOOTBALL COACHING - "IT'S A REVOLUTION"