

After School Football Club

Registration Form



Childs School: *

Term: *
Please tick a box

1. 2. 3.

Child's Name *

Child's School & Year Group *

Birth Date *

Telephone Number (in case of emergency) *

Address *

E-mail *



E-mail *

Relevant Medical
Information *

Tick all that apply *

- I will collect my child at the end of each session.
- I will arrange for my child to be collected at the end of each session, informing WSA in writing who will be the collector.
- I give permission for my child to make his/her own way home after each session.
- If you do not wish for your child to be photographed please tick this box.

Payment method:: _____ Amount enclosed: £ _____

Permission Statement *

I agree to allow my child to participate in Woody's Freestyle Football and certify that my child is in adequate physical health to participate in physical activities of this nature. I hereby release and discharge Woody's Sports Academy from all claims, demands and/or loss suffered from my child as a result of his/her participation in the club.

Print Name: _____ Parent/Guardian

Signed: _____ Parent/Guardian

Date: _____