



## EXPRESS SOCCER ACADEMY PLAYER REGISTRATION FORM

### PLAYER BIO DATA

Date of Joining: ..... Reg.No: .....  
Surname Name: ..... Middle Name: ..... First Name: .....  
Date of Birth ..... Gender: ..... PP. No .....  
School ..... Residence ..... Estate .....  
Father's Names ..... Father's E-mail ..... Father's Mobile .....  
Mother's Names ..... Mother's Email ..... Mother's Mobile .....

### PLAYER MEDICAL DATA

Medical condition / allergies to be noted .....  
Name of medical insurance ..... Player's medical policy No .....  
Name of Admitting Hospital(s) ..... Medical Doctor to contact .....  
Doctor's Mobile: ..... Any special Medical Instructions .....

### PARENTAL CONSENT FORM

I, the Parent/Guardian of the above named child agree that the registrant and I will abide by the rule and regulations of Express Soccer Academy, recognizing the possibilities of physical injury associated with playing. I hereby indemnify Express Soccer Academy, Banda /Hillcrest Pre-School and its facilities used for this program against any claims by or on behalf of club as a result of the child's participation in the Express Soccer Academy Sporting activities.

Name..... Signature..... Date.....

### PARENT INVOLVEMENT

Express Soccer Academy encourages parental involvement during Games and Tournaments. If interested kindly tick against the role you would prefer to participate in:

- Event Sponsor / Medic / Advertiser
- Team Manager
- Parent representative
- Referee
- Assistant referee
- Cheerleader (give support and encouragement during games).