



Established 1962

The Sports Academy Membership Registration Form

Players Name

Date of Birth

Address

Post Code

Telephone Number

Mobile Number

Email Address

Any Medical conditions that the Coach should be aware of

Parents/Carers names

Work Tel (If appropriate)

By signing and returning this form, I agree to(Childs name) taking part in the general activities at the Sports Academy and club. He/She has agreed to follow the rules of the Sports Academy and Club. To my knowledge, he/she has no special care needs, dietary requirements, allergies or medical conditions that could affect his/her safety at the club, other than those declared on this form. I understand that in the event of an injury, illness or other medical need, all reasonable steps will be taken to contact me, and to deal with the situation appropriately.

Standing Order forms will be separate and the first month is taken in advance, please make cheques payable to The Sports Academy.

Signed _____ Date _____

