



SPORTING FUTURES

Player Registration form

Name:.....

Address:.....

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DOB..... Age.....

Parent/Guardians name.....

Phone number.....

Parent/Guardian e-mail address:.....

Medical information

Allergies: **Yes/No** (Please specify).....

Medical condition: **Yes/No** (Please specify).....

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Any other relevant information:.....

Parental consent

Sporting Futures would like to contact you regarding future session/courses. Would you like to be contacted regarding further sessions? **Yes/No** (Please specify)

I give permission for Sporting Futures to use photographs/and or videos of my child for coaching or promotional purpose **Yes/No** (Please specify)

Print name:..... Signature.....