



Registration Form/Parental Consent Form

Child Details

Full Name of Child: _____
Home Address: _____
Postcode: _____ Date of Birth: _____
Home Telephone No: _____ School Year: _____

Academy Sessions

Requested Day & Time _____

Education Details

Headteacher: _____ PE Teacher: _____
School: _____
Address: _____
Postcode: _____ Telephone No: _____

Medical Details

Please indicate if you have any medical conditions we should be aware of (e.g. asthma)

Emergency Parent/Carer Details

Status (Please circle) Mr Mrs Ms Other _____
First Name: _____ Surname: _____
Emergency Tel No: _____ Mobile No: _____

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers.

Name: _____ Emergency Contact No: _____
Name: _____ Emergency Contact No: _____

Parental Consent

In the event that my son/daughter is injured whilst playing football and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical treatment.

Signed: _____ Date: _____
Print: _____

I agree to be bound by and to observe the Academy Rules and The Rules and Regulations of the FA Limited and Football Association.

I enclose £_____ (please make cheques payable to Soccer Excel Ltd) as a membership fee to be repayable if this application is not successful

Signature: _____