



LIVERPOOL SPEARS SPORTS CLUB



JUNIORS SUMMER COMPETITION 2019

REGISTRATION FORM

Player's Name:	D.O.B:	Parent/Guardian's Name:
Voucher Number (if applicable):	Mobile No:	Email address:
PLAYER'S MEDICAL CONDITION – If ANY Please write down inside box -		Date of Registration:

EMERGENCY DETAILS

In case of Emergency I allow you to contact the following person if I can't be contacted. I have read and accepted code of conduct and enclosed payment of \$100.

Name: _____ Relation to child: _____

Phone number: _____ Parent's signature: _____

NOTE:

- PLEASE BE ADVISED THAT GAMES WILL BE PLAYED BETWEEN 6PM – 9PM.
- GAMES WILL BE PLAYED ON EVERY TUESDAY NIGHT FOR THE JUNIORS.
- IT IS THE RESPONSIBILITY FOR EVERY PARENT TO ENSURE PLAYERS ARE ON TIME AT THE GAME.
- WE STRONGLY ADVISE THAT ALL PLAYERS WEAR PROTECTIVE SOCCER EQUIPMENT WHEN PLAYING.
- PLEASE ENSURE YOU READ AND ACCEPT OUR CODE OF CONDUCT BEFORE SIGNING THIS FORM WHICH WILL BE IMPOSED DURING OUR SUMMER COMPETITION.

COMPLETE, HAND IN AT THE CLUB HOUSE OR EMAIL TO:

liverpoolspearsports@gmail.com

OFFICE USE ONLY:

Amount received: _____

Signature: _____

Date: _____