



LIVERPOOL SPEARS SPORTS CLUB



JUNIORS SUMMER - 2020

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/TRAINING WILL BE PLAYED BETWEEN 6PM – 7:30PM.**
- **GAMES/TRAINING 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 ASK 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 SEASON.**

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

liverpoolspearssports@gmail.com

OFFICE USE ONLY:

Amount received: _____

Signature: _____

Date: _____