



Registration Form

Goalkeeper Name:		Date of Birth:	
Address:		Gender:	
		Club: (If applicable)	

Does the participant have any disabilities or conditions that the coach should be aware of? If Yes, please provide details YES / NO

Parents/ Guardian's Name:		Emergency contact Tel No 1:	
Address:		Emergency Contact Tel No 2:	
		Email address:	

Declaration

I understand that the Goalkeeping Coaching sessions can include strenuous physical activities that can lead to sporting injuries and I accept the risks involved.

I have read, understood and shared with my child, the stipulations contained within the Academy's Code of conduct, and agree I, and my child, will adhere to this Code of Conduct during all coaching sessions. I understand that failure to comply may result in my child being ejected from the Academy.

I acknowledge that BeNumber1 Coaching requires me to be present throughout all coaching sessions and that I, the parent/guardian, am responsible for the safety of my child.

I confirm that all of the information I have provided on this registration form is current and accurate and I will notify BeNumber1 Coaching straight away in the case of any future changes.

By signing this form, I consent to any appropriate first aid measures being carried out on my child, in the event of an injury or emergency.

By signing this form, I also consent to my child's picture/video being taken for educational purposes and to also be used on our official websites and social media sites. (If not, please state)

BeNumber1 Coaching (DS Coaching Services) accepts no responsibility for any accidents, injuries, incidents of theft or damage to any property, prior to, during, of after our coaching sessions.

Print Name:		Signature:	
Relationship to attendee:		Date:	