



# Progressive Goalkeeping

## Player Registration Form

Player Name: \_\_\_\_\_

D.O.B.        /        /

Parent/ Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Number: Work/Home \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Medical Conditions/ Existing Injuries:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

**Progressive Goalkeeping Press Release Consent**

(If under 18years of age your guardian must sign)

I hereby grant Progressive Goalkeeping unrestricted rights to use and publish photographs of me, or that in which I may be included, in publications, electronic reproductions (websites) and/of promotional materials or any other manner or medium.

Permission signature \_\_\_\_\_

Date \_\_\_\_\_

Please fill out form and email to [progressivegoalkeeping@gmail.com](mailto:progressivegoalkeeping@gmail.com)