



# Progressive Goalkeeping

## PLAYER REGISTRATION FORM

### PLAYER INFORMATION

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

D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Medical Conditions/Allergies:

Condition/Allergy	Medication

### PARENT INFORMATION (if player is under 18 at time of registration)

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

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

Contact Number – M: \_\_\_\_\_

H: \_\_\_\_\_

W: \_\_\_\_\_

### EMERGENCY CONTACT

Same as above

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

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

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

#### **PROGRESSIVE GOALKEEPING PRESS RELEASE CONSENT**

If player is under 18 parent/guardian must sign

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Permission Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out and email to [progressivegoalkeeping@gmail.com](mailto:progressivegoalkeeping@gmail.com) prior to commencement of training