

REGISTRATION FORM

CONSENT FORM

Dear Parent / Guardian, please complete this form PRIOR to your child commencing any training program with Time on Ground. This provides us with important information, including contact details should we need to contact you.

Permission is granted for:

(Name of Player) PLEASE PRINT CLEARLY

To participate in the **TIME ON GROUND** Football Academy training sessions.

PARENT/GUARDIAN INFORMATION:

Parent / Guardian Name:

Address:

Phone Number:

Email:

PARTICIPANT / PLAYER INFORMATION:

Name:

Date of Birth:

Please List / Explain ANY Medical Conditions **OR** Current Injury Concerns:

Favourite Playing Position:

Club:

Areas of Strength:

Areas of Weakness:

STATEMENT OF UNDERSTANDING: I hereby understand the terms of service as articulated by Time on Ground. I acknowledge that Time on Ground maintains Public Liability Insurance for all activities, however, Time on Ground does **NOT** maintain insurance that covers injuries to any participants. I understand that Time on Ground recommends that parents / families maintain ambulance, hospital / extras cover through a registered health insurance provider.

PARENT DECLARATION:

Parent / Guardian Name:

Date:

(PLEASE PRINT)

Parent / Guardian Signature:

Photo Release Permission: Time on Ground intends to take photos / record training sessions from time to time. If you **DO NOT** give permission for your son / daughter to have their image used in promotional photos / videos- please tick the following box:

