

AGLOW SOCCER SCHOOL REGISTRATION FORM



FIRST NAME.....

LAST NAME.....

DATE OF BIRTH.....

HOME

ADDRESS.....
.....
.....

POST CODE

PARENTS/GUARDIAN NAME.....

CONTACT EMAIL ADDRESS.....

EMERGENCY CONTACT NUMBER.....

MEDICAL CONDITIONS.....

**PARENTAL CONSENT: I GIVE CONSENT TO MY CHILD/WARD BEING PART OF THE
AGLOW SOCCER SCHOOL SET UP.**

SIGNED.....

DATE

IF YOU DO NOT WISH YOUR CHILD TO BE PHOTOGRAPHED FOR PUBLICITY PURPOSES DURING THE PRACTICE
SESSIONS/GAMES, PLEASE TICK HERE