

# ADELAIDE CITY FC APRIL 2017 HOLIDAY CLINIC



## PLAYER DETAILS

Full Name:

Date of birth:

Gender: (Please circle) M F

Current Address:

Clothing Size: (Please Circle) 8 10 12 14

Any Allergies/Injuries/Illness

## PARENT/GUARDIAN 1

Full Name:

Mobile No:

Home No:

Work No:

Email Address:

## PARENT/GUARDIAN 2

Full Name:

Mobile No:

Home No:

Work No:

Email Address:

**CONTACT PREFERENCE: (Please circle) Parent 1 Parent 2 Both**

If your child has any pre-existing conditions or any concerns about participating, we would encourage you to seek medical clearance from your doctor prior to participating in sport. We would also encourage you to bring any necessary medication to training games: eg Insulin, Inhaler etc. IF I/WE OR THE NOMINATED EMERGENCY CONTACT CANNOT BE CONTACTED IN THE EVENT OF AN EMERGENCY, I/WE GIVE CONSENT TO MY/OUR CHILD BEING CARED FOR BY A MEDICAL PRACTITIONER AND HOSPITAL STAFF NOMINATED BY THE CLUB. TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION CONTAINED ON THIS SHEET IS CORRECT. **(IF UNDER 18 PLEASE HAVE PARENT OR LEGAL GUARDIAN SIGN below)**

**Session (Please tick)**

**Cost: \$350, includes lunch and training kit  
Payment Options**

WEEK ONE: April 18 - 20

Credit Card - Card Holder Name:

WEEK TWO: April 26 -28

Card Number:

**Player Age Group:**

Expiry Date: /

**Signature:**

**Or**

EFT – ACFC Juniors - BSB 085-458 Account: 402933639

Bank Account Name: Adelaide City Football Club

Reference: Players Name April Clinic

### Adelaide City Football Club

Adelaide City Park, Corner Fosters Road and Hilltop Drive, OAKDEN, South Australia 5086

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www.adelaidecityfc.com.au