

# ADELAIDE CITY FC – April 2018 HOLIDAY CLINIC



**Brand New Kit (new design), top, shorts and socks to be supplied**  
**Existing ACFC Registered Players – 10% off, 2<sup>nd</sup> sibling 10% extra off**

<b>PLAYER DETAILS</b>				
Full Name:				
Date of birth:		Gender: (Please circle) M      F		
Current address:				
Clothing Size: (Please Circle)                      8              10              12              14				
Any Allergies/Injuries/Illness				
<b>PARENT/GUARDIAN 1</b>				
Full Name:				
Mobile No:	Home No:	Work No:		
Email Address:				
<b>PARENT/GUARDIAN 2</b>				
Full Name:				
Mobile No:	Home No:	Work No:		
Email Address:				
<b>CONTACT PREFERENCE: (Please circle) Parent 1      Parent 2      Both</b>				
<p>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: e.g. 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.</p> <p><b>(IF UNDER 18 PLEASE HAVE PARENT OR LEGAL GUARDIAN SIGN below)</b></p>				
<table border="1" style="width: 100%;"> <tr> <td style="height: 40px; vertical-align: top;"><b>Parent/Legal Guardian Signature:</b></td> </tr> </table>				<b>Parent/Legal Guardian Signature:</b>
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April School Holidays – 17 <sup>th</sup> , 18 <sup>th</sup> and 19 <sup>th</sup> April	Payment Options – Credit Card or EFT
Cost: \$350 (includes – Lunch, fruit, water and Kit)	Card Holder Name:
Time: 9 am to 3pm	Card Number:
<b>Player Age Group:</b>	Expiry Date:                      Security Code:
	<b>Signature:</b>
	<b>EFT</b> ACFC Juniors - BSB 085-458 Account: 874812536 Reference: <b>Players Name April Clinic</b>