

Participant Registration Form
PM PROFESSIONAL FOOTBALL
Talent Identification Camp
(TIC)



Name of participant: _____ Surname: _____

Gender: Male / Female D.O.B: / / Email: _____

Address: _____

Contact Home _____ Mobile _____

Parents/Guardians Name: _____ Emergency Contact: _____

Name and Address of Family Doctor _____

Medicare No _____ Private Health Care Details (if applicable) _____

Health Care Card No _____ Ambulance Cover: No Yes Number _____

Does your child suffer from any of the following;

Fits of any type Heart Conditions Asthma Diabete Blackouts Migraines

Other _____

Allergies to; Penicillin _____ Other drugs _____

What Special care is recommended _____

Is your child on any form of ongoing medication, if so please state _____

Height: _____ cm Weight: _____ kg Age of participant: _____

Permission for use of Photos in Publications and/or on PM Professional Football Website and Social Media

For your protection and privacy, we ask your permission to use your child's picture in publication and/or on the Internet, should we desire.

_____ (Sign) I give my permission to use my childs's picture and video on the internet and publications.

_____ (Sign) Do not use my child's picture on the internet or in publications.

WAIVER

The undersigned in his/her capacity as parent/guardian of _____(insert participants name)

Acknowledges that this project is organised and managed by (PM Professional Football) and hereby waives any claim against organisation and their affiliated companies in connection with the football project he/she is being enrolled to.

CONSENT TO MEDICAL ATTENTION

Where the Coach or (PM Management) is unable to contact me, or it is impracticable to contact me. I hereby give permission to the Coach or PM Management to seek treatment for my child at a hospital, or to call a Doctor and/or ambulance and/or dentist during an emergency and agree to pay all relevant costs involved.

Name of Parent/Guardian _____

Signature _____ date _____

Dates and Times

Tuesday 14th, Wednesday 15th, Thursday 16th April

Juniors (6 – 10 Years Old) 9:00am – 10:45am

Advance (11- 13 Years Old) 11:00am – 12:45pm

Elite (14 – 21 Years Old) 2:30pm – 4:15pm

PRICE

AU\$ 150,00 for 3 days, incl. player assessment

Payment Details:

Bank SA

Account Number: 052770740

BSB: 105099

Account Name: PM Professional Football

Please put your name and QLD when you make the payment.

Where:

Souths United Football Club

Please Ensure:

Shin pads, weather gear (if needed. Please check weather daily review)

Water bottle, soccer boots, soccer gear etc

Please return the completed form to zoomfootball@outlook.com or info@pmprofessionalfootball.com.au