



**North Coast Futsal
LITTLE CHAMPIONS PROGRAM
Registration Form**



PLAYER INFORMATION (Please Print Clearly)

Please circle which age group: 3 - 4yrs 4 - 5yrs
First Name: _____ Last Name: _____
Date of Birth: _____
Parent's Mobile: _____
Parent's Email Address: _____
Does your child have any disability: () No () Yes – Specify _____
Personality: () Shy () Easygoing

PARENTS/GUARDIANS:

First Name: _____ Surname: _____
Relationship to player: _____
Address: _____
Home Phone: _____ Mobile: _____
Next of Kin: _____ Mobile: _____

MEDICAL INFORMATION

Is your child injury free & fit to participate? Yes / No
Does your child have any allergies/medical conditions: _____
Medication: _____

Club Disclaimer

I commit myself/my child to North Coast Futsal for the Little Champions Program, in doing so, I accept any & all liability in the case of sickness or injury incurred to myself/my child during the period of the program. I allow all employees of North Coast Futsal to take any measures they deem necessary in cases of emergency involving my child. North Coast Futsal employees will not be liable for any medical expenses incurred as a result of injuries attained during the program. From time to time we may use images captured for media purposes, in signing this form I authorize North Coast Futsal and the participating clubs to use images and videos of my child in occasional media publications.

PARENT SIGNATURE: _____ Date: ___/___/___