



TO BE COMPLETED BEFORE ANY CHILD CAN PARTICIPATE

PLEASE NOTE THAT ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Please print out, fill in and give to Jamie Forrester.

NAME OF CHILD BOY/GIRL

DATE OF BIRTH and AGE

ADDRESS

.....POST CODE

SCHOOL

MEDICAL CONDITIONS/MEDICATION

.....

NAME OF PARENT/CARER

CONTACT NUMBERS - TEL..... TEL

EMAIL ADDRESS

PLEASE TELL US HOW/WHERE YOU HEARD ABOUT 'THE JAMIE FORRESTER SOCCER ACADEMY'

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DISCLAIMER

I (parent/carer of child) acknowledge that the activities and training forming the subject of this agreement pose the risk of physical injury and/or consequential loss.

I (parent/carer) acknowledge that in entering into this agreement I undertake those risks and covenants not to bring any claim against Jamie Forrester Limited whether at common law or pursuant to statute law.

I (parent/carer) shall indemnify Jamie Forrester Limited against any expense, liability, loss, claim or proceedings whatsoever arising under any statute or at common law in respect of personal injury to or death of any person whomsoever arising out of or in the course of this agreement whether due to any neglect of Jamie Forrester Limited or any person for whom Jamie Forrester Limited is responsible.

SIGNED (PARENT/CARER)

PRINT NAME..... DATE