

KERČEM AJAX NURSERY - ENROLLMENT FORM



Child's First Name & Surname:	
Date of birth:	
Child's ID number:	
Gender:	
Address:	
Street:	
Town:	
Post code	

Please Tick: ✓

Goalkeeper:

Player:

Grassroots U9 U13
 U7 U11 U16

Parent 1:		Parent2:	
Name:		Name:	
Surname:		Surname:	
ID. No.		ID. No.	
Mobile:		Mobile:	
Email:		Email:	
Please Indicate Other Mobile Numbers for Use in Case of Emergency (Close Relatives/Friends):			
Mobile:			

Medical/Additional needs information:

Please provide full details and any condition (medical or learning) which organisers need to be aware of (please update this with the admin team, should this information change after the registration): This enables the team to fully support your child through the season effectively.

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Kit Order Required: Yes: No:

	3XS	2XS	XS	S	M	Other	Shoe Size
T-Shirt:							
Shorts:							
Winter Zip Top:							
Track Pants:							
Rain Jacket:							
Backpack:							
Socks:							

I/we declare to be the parent/s or legal guardian/s of my child (hereinafter referred to as the "Participant"). I/we am/are fully aware that playing or practicing in football or any sport involves risk of injury/illness. I/we understand that because of the nature of the sport, contact and physical exertion will occur during the football season, training sessions and matches. I/we certify that the Participant is in excellent physical health and may participate in strenuous physical activities. I/we have listed any medical condition in the enrolment form and/or any other condition/s and/or information that the organisers need to be aware of. I/we accept that the organisers will only administer prescribed medicine [e.g: inhaler] to the Participant during the sessions with my/our verbal and/or written consent at the start of and/or during the Camp.

Furthermore, I/we grant permission for the Participant to receive emergency medical treatment, if needed, and authorise the organisers to sign any document required by the medical authorities.

In return for my child being allowed to participate in this camp, I/we hereby release and agree not to proceed judicially in any way against any of the other participants at Kercem Ajax Nursery, including coaches, technical officers, helpers, staff members, sub-contractors, sponsors, agents, and affiliates from all present and future claims that maybe made by the Participant or me/us, my/our family, estate, heirs, or assignees for property damage, personal injury (including death) arising as a result of the Participant's participation in the Camp, wherever, whenever, or however the same may occur. I/we further understand that participation in the Camp involves certain risks, including, but not limited to injury.

I/we am/are thus voluntarily allowing the Participant to participate in the Camp with knowledge of all the risks involved and agree to accept all such risks of such participation. I/we also agree to indemnify and hold harmless those listed above for all claims arising out of Participant's participation in the Camp and all related activities.

I agree to allow the organiser's use of the Participant's name and image on social media and promotional material free of charge in any manner and/or purpose, without compensation to me/us. I also agree to allow Kercem Ajax Nursery to store my child's data for administrative purposes in line with General Data Protection Regulation.

Parent's / Legal Guardian Name & Surname:	
Parent's / Legal Guardian Signature:	
Date:	

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For Administrative Use Only:

Registrations No: _____

Enrolment Fee Received of:	€			
Cash/Cheque:	Cash:	<input type="checkbox"/>	Cheque:	<input type="checkbox"/>
Instalments:				
Received By:				
Date Received:				



KERÇEM AJAX NURSERY - ENROLLMENT FORM RECEIPT

Receipt of Payment

Registration No.:	
Mr. / Mrs.:	
Paid The Amount of:	€
Date:	
Instalments:	
Total Price:	€
Received by:	