



4 ELCAR LANE
JOONDALUP 6027
Phone 9300 1600
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INDOOR SOCCER CLINIC NOMINATION FORM - INDIVIDUAL

CHILDS NAME:

DATE OF BIRTH: AGE :.....

PARENT CONTACT:.....

ADDRESS:.....PC.....

EMAIL ADDRESS:.....

TELEPHONE: (Home) (Mobile)

AGE GROUP: KINDY P/P YR 1

PLEASE READ THE FOLLOWING CONDITIONS AND SIGN YOUR ACKNOWLEDGMENT

Game Fees cover the umpire payment, equipment and administration costs for the program and are to be paid prior to the commencement of the season. Players play at their own risk and are responsible for their own insurance. Bouncer Sports Centre accepts no liability for any injury sustained whilst playing sport on or within the confines of the centre playing areas.

All players must bring a bottle of cold water for duration of game play. We agree to abide by the rules, regulations and by-laws as set forth by the owners and managers of Bouncer Sports Centre.

Once payments have been made and program commenced there will be no refunds for sessions missed.

Term 1 2019 \$90 9 WEEK PROGRAM-Commencing February 8th 3.45-4.30pm

Parent Sign Date.....

Payment of \$..... has been paid: **Taken By** (Bouncer Sports Staff Member)

Payment Type: cash / card / cheque: **Card No:** ____/____/____/____

Sign (card Holder)..... **Exp Date:** __/__/__ **CVV** ____