



2014 / 15

**ILLAWARRA FOOTBALL ACADEMY PTY. LTD.  
REGISTRATION / CONSENT FORM**

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ D.O.B \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

TELEPHONE:(    ) \_\_\_\_\_ MOBILE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CURRENT CLUB: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

**FOR MORE INFORMATION PLEASE CONTACT:**

[www.illawarrafootballacademy.com.au](http://www.illawarrafootballacademy.com.au)  
[info@illawarrafootballacademy.com.au](mailto:info@illawarrafootballacademy.com.au)

P: 4284 6807

M: 0412 401 631

Please Send Complete Application Form and Payment to:

Illawarra Football Academy Pty Ltd.

14 Ocean View Parade, Mt Ousley, NSW, 2519

OR

Fax to (02) 4284 5828

Credit Card Payments:    Visa ☐    Cash ☐    MasterCard ☐    Cheque ☐

Card No: \_\_\_\_\_

Expiry Date (MM/YY): \_\_\_\_ / \_\_\_\_    Name On Card: \_\_\_\_\_

Amount: \$ \_\_\_\_\_    Signature: \_\_\_\_\_

Please Specify Program Below: (tick box)

Summer 7-A-Side ☐    Holiday Camp ☐    Training Sessions ☐    Rep Competition ☐

I, the undersigned, approve of this application and agree that Illawarra Football Academy Pty. Ltd. and its Coaching Staff and affiliates have comprehensive sports insurance, including sports injury, accident cover, public liability insurance on all training, coaching, camps, school clinics, organised games, competition matches and events. Our insurance covers both official training venues & off-site services. Should an accident occur Parent/Guardian will be contacted immediately. For any claims or further information please refer to our website. On occasion we may require player photographs to be taken for advertising / promotional purposes. In signing this, I agree to these terms and conditions.

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_