PRO SOCCER COACHING

Details Form

Please complete and return to prosoccercoaching@outlook.com

Applicant (Player) details:

Full Name: _____ DOB: _____

Phone: _____ Email: _____

Address: _____

Current Football Club: _____ Preferred Position:_____Kit Size____

JULY CAMP ☐ FULL WEEK 1 4th – 8th July Cost $295
☐ FULL WEEK 2 11th – 15th July Cost $295
☐ Other _____

Emergency contact details:

Contact 1:	**Contact 2:**
Name:	Name:
Contact Number:	Contact Number:
Relationship to player:	Relationship to player:

Medical Information:

Do you have Ambulance cover: Yes ☐ No ☐ Medicare Number: _____

Do you have Private Health Insurance? Yes ☐ No ☐ Name of Fund: _____

Are you subject to seizures, fainting, epilepsy, diabetes or any other condition which may affect your safety?
Yes / No Please provide details: _____

_____

Do you have any allergies or special dietary requirements? If so please explain: _____

_____

_____

Are you on any medication which may affect your safety during training? Yes / No Please provide details:

_____

_____

Please provide any other information which will enable the organisers to provide a more effective level of care
i.e Existing or current Injuries, ***Asthma,*** Cultural Considerations etc

_____

_____

Where it is not practical to communicate with yourself or your emergency contact, I authorise the coach/organizer in charge of training to consent to receiving such medical treatment as may be considered necessary. I am aware that the Pro Soccer Coaching insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.
I give permission for my name, photograph or image to appear in Pro Soccer Coaching publications such as, posters, flyers, newsletters, website and social media (facebook and twitter)

_____ _____ _____
Player Signature Player Name Date

If Under 18, please add Parents Name and Signature

_____ _____ _____
Parent/Guardian Signature Parent/Guardian Name Date