



ELITE SOCCER SCHOOL COURSE REGISTRATION FORM

Course code: _____ Course dates: _____ to _____

Course venue: _____

Parent/Guardian Name: _____

Child's/Children's Name(s): _____

Address: _____

Telephone: _____

Email: _____

Please give details of any medical conditions/allergies you child has:

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I hereby give permission for the above named to attend the Elite
Soccer Football Course.

Signed: _____ Date: _____

We may be taking photos for inclusion on our website. If you wish to
exempt your child from having his/her photo taken, please tick: