



REGISTRATION FORM

IMPORTANT – PLEASE READ

All registration fees must be paid on the first day of registration or before first training session.

NO PLAYER WILL BE PERMITTED TO TRAIN OR PLAY UNLESS ALL FEES ARE PAID IN FULL

Only complete applications signed by parents/guardian and with the correct fee paid will be approved.

All teams are coached by professional paid coaches specially selected for the teams.

1. a. Player Details

If new state your previous Academy/Club			
Surname		First Name	
DOB	/ /	Age :	M/F:

b. Player Details (If more than 2 children being registered, please fill in another form)

If new state your previous Academy/Club			
Surname		First Name	
DOB	/ /	Age :	M/F:

2. Family Details - Parent/Guardians

PARENT	First Name	*Surname	*Home Phone	*Mobile	*Email
Mother					
Father/ Guardian					
Address				Suburb:	P/code:
Mother's Occupation:			Guardian/Father's Occupation:		

3. Sessions & Location – please tick ‘/’ the appropriate box in both column

<input type="checkbox"/> Sat 9.00 – 10.15 am (DOC Academy) <input type="checkbox"/> Sat 10.30 – 11.45 am (DOC Girls) <input type="checkbox"/> Sat 10.30 am – 11.45 am (DOC Little League) <input type="checkbox"/> Sun 10 – 11.15 am (DOC Academy) <input type="checkbox"/> Tue 5 -6.15pm (DOC Academy)	<input type="checkbox"/> Eltham College/Research <input type="checkbox"/> Kardinia College/Geelong <input type="checkbox"/> Laurimar College/Doreen Holiday Camp <input type="checkbox"/> 9.30 am – 3.30 pm Mon & Tue <input type="checkbox"/> 9.30 am – 3.30 pm Thur & Fri
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4. Uniform Section (to be completed for new player to the Club)

Note - The cost of DOC Uniform (Top & Short) is not included in the fee and are to be purchased separately

ITEM: Top & Short	Size: 8/10/12/14/16/Adult S/M/	Cost: \$75.00
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5. Payment Option (For training fee please refer to 'Academy Training')

Direct to Bank Account - DOC Football Academy Pty Ltd Bendigo Bank Account No: 142682343 BSB: 633-000
(for payment by direct debit please fax or email us or bring a copy of the bank confirmation as proof of payment otherwise registration is not approved and player is not allowed to be trained or played.
<input type="checkbox"/> Cheque – available on Registration Day <input type="checkbox"/> Cash – available on Registration
TOTAL AMOUNT PAID: \$ _____ .
10% discount for 2 nd family player and 15% discount for a 3 rd family player

6. Cancellation

- A) If your child pulls-out of the Academy midway through a term due to a doctor verified injury, you will qualify for a pro-rated credit which can be applied to any future DOC Academy Soccer Training program. A 20% assessment and administration of the full fee is non-refundable. Notice of cancellation must be given in writing (by email) with copy of the doctor letter.
- B) If your child simply stops attending our Soccer Training Academy programs for no medical reason; there is no refund or credit available.

7. Parent/Guardian consent

- I/We consent to my son/daughter (named on this form) playing football with DOC Football Academy. I accept neither that DOC Football Academy nor any coaches/managers/official and members will be liable or responsible in any way for any injuries sustained, loss or damage suffered or property stolen or damaged whilst taking part in Club activities or whilst on property under control of the Club. It is further agreed that I/We will keep DOC Football Academy and its officials and members fully indemnified against any claim for such injuries, loss or damage. I authorise DOC Football Academy to arrange any medical treatment or attention that may be required including ambulance transport for my child and I/We agree to pay all costs or expenses so incurred.
- I/We agree that DOC Football Academy is not responsible for any supervision or custody of my child outside the period during which he/she is participating in a game or training session.
- I/We agree to allow the Academy to publish photographs of my son/daughter for purposes of promoting the Academy.
- I/We agree to allow the Academy to send sponsors promotional material to our home or email address.
- I/We must not allow their son/daughter to train without the proper insurance coverage. Insurance is covered only thru full registration fee. As such, he/she is only allowed to be trained or played after registration and receipt of full payment.
- I/We will ensure that I/we report to the coach with our son/daughter prior to training and not leave our son/daughter and our belongings unattended. I/We will arrive in adequate time to pick up our son/daughter at the cessation of both training and games.

Printed Name of Mother/Guardian		Signed	Date
Printed Name of Father/Guardian		Signed	Date

Office Use Only		
Deposit: YES/NO	Amount Paid: \$ _____ .	Date Paid: / / 2011
Comments:		