

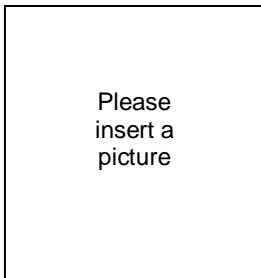


BRAZILIAN Sports Academy

REGISTRATION

DATE: ___/___/___

	NAME	MOBILE	EMAIL ADDRESS
FATHER			
MOTHER			
CARER			



PLAYER PROFILE:

Name: _____

Date of Birth: ___/___/___

Name of school: _____

YEAR: _____

MEDICAL HISTORY

I confirm that the player listed above is in good health and that there is nothing that prevents him/her participating in sport activities and to play football.

INJURIES AND ACCIDENT WAVE

Accidents may happen when practicing sports, so I (parent/carer) agree **not** to hold Top Brazilian Sports Academy or Buckminster Road Baptist Church responsible for any injury that may occur during training sessions and games.

CONSENT TO TREATMENT

Parents are encouraged to stay during the training sessions.

However, if I (the parent/carer) am not present and an accident occurs, then I (parent/carer) consent to my child receiving medical help.

Parent's Signature

BUCKMISNTER ROAD BAPTIST CHURCH