

ACE Football School Registration Form



Term 1
Commencement 2/3/2010



Full Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Sex: M / F Date of birth: ____ / ____ / ____ Email: _____

Team: _____ Division _____

ACE Players:

Club: _____



Registration closes 1st March 2010. Act now, spaces are limited

Payment Details

Please return registration form and payment to ACE Soccer Club, PO Box 363, Albany Creek Qld 4035. Please make cheques out to Albany Creek Soccer Club Inc.		MasterCard / Visa / Cash / Cheque (circle applicable)
Name on card:		
Card No:	Total Amount: \$ 200.00	
Expiry Date: ____ / ____	Signature _____	

Health Details

**For more information about ACE Football School visit:
WWW.ACESOCCER.COM.AU**

Does your son or daughter suffer from any health problems? **YES / NO**
If **YES** please specify the health problem: _____

I have read and understood all terms and conditions and will be bound by them. I acknowledge and understand code of conduct, rules and regulation.

I understand the inherent risk involved with this activity for my son or daughter and allow it at their own risk. I agree that all of the information given on this document is true. By signing the following, I acknowledge that my personal information may be subjected to use. I acknowledge and accept pictures may be taken and knowingly agree for the use of them. By signing below I have read and agreed to all of the above and all terms and conditions .

Signature : _____ **Date:** _____