

# Bookings / Registration

Fax: 9344 5737 (Credit Card payment only). Or email [gerry@sydneysfa.com.au](mailto:gerry@sydneysfa.com.au)

Post: SSFA, 61 Edgar Street, Maroubra NSW 2035      Mobile 0412 958 216

## Booking Confirmation

It is not possible to confirm bookings automatically. If booking confirmation or childcare provider receipt is required please provide a stamped addressed envelope.

## Registration Conditions

All bookings/registrations are subject to the acceptance of the terms and conditions of SSFA Camps.

### Refunds/Credits Policy

For cancellation more than 7 days before the commencement of the camp a full refund less \$20 administration fee will be given. For cancellation less than 7 days before attendance at the camp or during the camp, except on the production of a medical certificate a refund cannot be given. On production of a medical certificate a credit for a future camp of the same value will be given.

**Refund/credit requests must be made in writing within 72 hours of claim.**

### Terms and Conditions

By enrolling my child/children, I declare that they are fit to participate in all activities and consent to release SSFA, the Director and all staff from any claim or liability arising directly or indirectly from the program activities. I hereby indemnify SSFA against responsibility for any accident, loss or injury suffered by my child/children during the course of these activities. Should at any time SSFA or staff consider that my children require medical or hospital treatment, I consent to you obtaining this at my expense.

To make a booking fill in Registration Details (one per address)

Bookings can only be made with the completed Registration Details form and full payment. Verbal bookings without payment cannot be accepted.

Bookings will be taken on a first come first served basis subject to the Camp being full.

(BLOCK CAPITALS PLEASE)      Child 1	Child 2	
Full name:      Age:	Age:	
Address:      Suburb:      Postcode:		
Home phone:      Email:		
1 <sup>st</sup> contact name and number:	2 <sup>nd</sup> contact name and number:	
Any medical conditions?		
Aftercare required, specify dates?		

### PAYMENT (please circle)

AMOUNT DUE: \$ \_\_\_\_\_

CHEQUE / MONEY ORDER (payable to SSFA) or debit my MASTERCARD / VISA (\$1.50 Credit card surcharge)

CARD NO. \_\_\_\_\_ EXPIRY DATE \_\_\_\_ / \_\_\_\_

CARDHOLDER'S NAME \_\_\_\_\_ CARDHOLDER'S SIGNATURE \_\_\_\_\_

I, \_\_\_\_\_ being the parent/guardian/carer of \_\_\_\_\_  
(child's name) have read and do accept the policies/terms and conditions of SSFA as laid down in the registration conditions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information and Liability Release**  
*SOCCKER IS A PHYSICAL, CONTACT SPORT*

**Player Record**

**Player's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Persons Having Legal Custody of Child:     Mother     Father     Other \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Post code \_\_\_\_\_

**Emergency Contact Information**

In the event of an emergency or other significant concern, the player's parents or guardians will be contacted. Please provide the name, relationship to the player, and phone numbers.

Parent or Guardian: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Phone-Numbers: \_\_\_\_\_ Mobile \_\_\_\_\_ Work: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Family-Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Player's Allergies: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_ (Month/Year)

**Consent for Medical Treatment/Liability Release**

Soccer is at times a physical, contact sport. As the parent or guardian of the player, I understand that these programs, activities, games and training elements are hazardous by nature and I assume all risks of injuries arising from participation. I release, indemnify and hold harmless Soccer Football Academy (SSFA) and its directors, employees and representatives from any claim, demand or action arising in connection with the player's participation.

Personal medical insurance is recommended. If the player requires medical attention every effort will be made to contact the player's parents, guardians or emergency contacts. In the case of an emergency, the player will be provided emergency medical services prior to informing the parent or guardian.

I assume responsibility for any costs incurred in treating the player. I waive any liability or accountability to SSFA for the quality or cost of medical services provided.

The player's parent or guardian is responsible for any property damage caused by the player. If a player's property is lost or stolen, SSFA will make every effort to locate it. However, SSFA accepts no responsibility for the loss or damage to a player's property.

I give permission to SSFA to use the player's picture or likeness in promotion of SSFA programs in printed or electronic media. I renounce any claims upon SSFA for reimbursement for use of this material.

I have read and accept SSFA's Policy Statements:

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_