



**CUMBERLAND UNITED FOOTBALL CLUB
GOALKICK BOOKING FORM**

FAMILY DETAILS

In order to assist the Club in managing the running of our program can you please fill in this form and the health form carefully and return to the club along with your payment of \$125.00 (inc. GST) by the 14th of August 2010 to secure your child's position, as numbers are limited.

Childs Full Name:

Date of Birth:

Home Mailing Address:

Email address:

Home Phone No:

Child's Primary School:

Child's Country of Birth:

How did you find out about this program?

Mother's Name:

Mother's Country of Birth:

Mother's Mobile Number:

Father's Name:

Father's Country of Birth:

Fathers' Mobile Number:



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HEALTH DETAILS

EMERGENCY FAMILY CONTACT

Name of Contact:

Phone Number:

Relationship to Child:

Doctors Name:

Phone Number:

Medicare Number:

Ambulance Cover No:

Private Health Cover Fund:

Private Health Cover No:

MEDICAL INFORMATION

<i>Condition</i>		Details
Any current medical condition	Yes / No	
Any current medication	Yes / No	
Asthma or chest problems	Yes / No	
Allergies	Yes / No	
Convulsions or seizures	Yes / No	
Diabetes	Yes / No	

Has the player received a tetanus immunisation?

Yes / No

Cumberland United Football Club Inc accepts no responsibility for any costs incurred from injuries. Claims and injury reports should be made to the Football Federation of SA. We recommend that players have private medical insurance and ambulance cover. In the event of any emergency should the Club be unable to contact any of the above numbers, I give consent for the Club to obtain the necessary emergency treatment. I agree to abide by the rules of the Club.

Signature of Parent/Guardian:

Date: