



Group

**THE HARVARD CLUB
FOOTBALL CLINIC**
Sunday 9 June – Sunday 24 November, 2024

Registration Fee
\$800.00

APPLICATION FORM

SURNAME:

BLOCK CAPITALS

FIRST NAME:

BLOCK CAPITALS

DATE OF BIRTH:

AGE LAST BIRTHDAY:

ADDRESS:

.....

TELEPHONE NUMBER:

SCHOOL ATTENDING:

NAME OF PARENT/GUARDIAN:

WORK ADDRESS:

TELEPHONE NUMBER: **EMAIL:**

Does the child have Any Medical Problems? Yes No

If yes, give details

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Is he / she now using medication? Yes No

Please indicate any medication that the child is taking

Will this medication be on hand (with the child or the parent) Yes No

If the medication is on hand, how is this medication to be administered

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PARENT/GUARDIAN STATEMENT OF INFORMATION PROVIDED:

To the best of my knowledge and belief the information provided above is truthful and this child is physically and mentally fit to participate in the activities of The Harvard Club Football Coaching Clinic.

I agree to having my child, as noted above, participate in The Harvard Club Football Coaching Clinic and will adhere to all rules and regulations of the Club.

SIGNATURE OF PARENT / GUARDIAN:

CHILD'S SIGNATURE:

REGISTRATION FEE: \$ **DATE:** **RECEIPT #**