



REGISTRATION FORM

Name	
Date of Birth	
Address	
Postcode & City	
Both Parents Full Names	
Mobile Phone Both Parents (Must Be Completed)	
Email Addresses of Both Parents (Must Be Completed)	
Allergies/Illnesses	
Current/Previous Football Club & Team	
School which your child attends	
Skills at which your child excels	
Skills which need improvement	
Communication	I understand that in order to participate in training at ICFA, I must belong to WhatsApp or any other prescribed communication channels.
Image & video	I understand that photographs of matches and training may be shared in WhatsApp groups or other communication channels specific to each class. I agree that I will not share these images outside the ICFA WhatsApp groups.
Contact details	I hereby consent that my contact details may be used by ICFA to provide information about training sessions/ ICFA events. My information will not be provided to third parties without my consent.
Liability & signature _____	I consent that my child can be given medical attention or be taken to the nearest hospital. I understand that the organisers of ICFA events can accept no liability for accidents sustained during football events.

