



**PAUL WADE  
FOOTBALL  
COACHING CLINIC 2009**  
14<sup>th</sup> 15<sup>th</sup> and 16<sup>th</sup> July 2009

**PLAYER DETAILS (complete one form per child)**

NAME OF PLAYER			
Club Name		AGE GROUP	<input type="checkbox"/> U8 <input type="checkbox"/> U9 <input type="checkbox"/> U10 <input type="checkbox"/> U11 <input type="checkbox"/> U12 <input type="checkbox"/> U13
ADDRESS			POSTCODE
HOME PHONE			
MOBILE			
Medical Information:			
NAME and phone number OF GUARDIAN during clinic			
MOTHER'S NAME		FATHER'S NAME	

**INDEMNITY**

I hereby agree to indemnify the Gladesville Ravens Sports Club Incorporated (the Club) against all claims, suits, liabilities, actions, proceedings, demands, losses, damages, costs, fees and expenses whatsoever incurred or arising out of or in connection with or in consequence of the membership of the club or attendance, activity, game, social outing, or meeting at which I/my spouse/son(s)/daughter(s) are involved in relation to or in consequence of membership of the club.

Signature \_\_\_\_\_  
(To be signed by parent/guardian if player is under 18yrs)

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you have any objection to your child's photo being taken or your child appearing in a video clip?      **YES/NO**



**PAYMENT DETAILS**

Please Tick

**COST:**

Post payment c/- 42 Mitchell St Putney 2112 or email

robbarba@bigpond.com

Please make cheque payable to:  
Gladesville Ravens WSL.

Please charge my credit card as detailed below

Cash: paid to \_\_\_\_\_

\$95.00 per child (named on form)

Please charge my credit card

Visa  
 MasterCard

Pay full amount of:

\$ \_\_\_\_\_

Card No.

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Expiry Date:

\_\_\_\_ / \_\_\_\_

Name on Card (please print):

\_\_\_\_\_

Signature:

\_\_\_\_\_