



EDUCATION THROUGH SOCCER FC

2020 REGISTRATION FORM

PLAYERS DETAILS			
Name		DOB - CCYY/MM/DD	
Home Address			
Contact Numbers			
Cell		Home	
Previous Club			

MOTHERS DETAILS			
Name			
Occupation			
Email Address			
Contact Numbers			
Cell		Home	
Work			

FATHERS DETAILS			
Name			
Occupation			
Email Address			
Contact Numbers			
Cell		Home	
Work			

EMERGENCY CONTACT			
Name		Contact Number	
Medical Aid		Medical Aid Number	

PAYMENT DETAILS (please circle the appropriate selection)	
NEW PLAYERS FEES 2020	RETURNING PLAYERS FEES 2020
U6/U7/U8 = R4750 (incl 3 kits and a hoodie)	U6/U7/U8 = R3750 (incl a hoodie)
U9/U10/U11/U12/U13/U15 = R5250 (incl 3 kits and a hoodie)	U9/U10/U11/U12/U13/U15 = R4250 (incl a hoodie)
<p>Please select one of the following payment plans:</p> <p>Full upfront payment</p> <p>Deposit and monthly payment plan (4 equal payments; deposit upfront and balance over 3 months)</p>	

Full upfront payment made by end February 2020 will be entitled to a 10% discount

Please specify any allergies or medical conditions below:

REGISTRATION DOCUMENTS			
Please tick which documents are included with this registration form (all of the below documents are required for registration)			
RCLFA Registration Form (stamped by players school)	<input type="checkbox"/>	2 x ID photos	<input type="checkbox"/>
Certified copy of birth certificate (stamped by players school)	<input type="checkbox"/>	Payment/ Proof of payment	<input type="checkbox"/>
Copy of mother's ID book	<input type="checkbox"/>	Clearance (if transferring from another club)	<input type="checkbox"/>

DECLARATION	
<p>I do hereby declare that I agree to pay the 2020 Education Through Soccer FC registration fees as per the above payment method chosen by myself. We (I) hereby release ETS, its coaches and their employees and agents from all claims on account of any injuries which may be sustained by our (my) minor son or daughter on the premises of ETS and any claims which hereafter may be presented by our (my) son or daughter as a result of any such injuries. We (I) also certify he or she is medically fit to participate. We (I) hereby authorize the directors of ETS to act for us (me) according to their best judgment in any emergency requiring medical attention.</p>	

Name		Signature
Date		

Please complete this form and return it to your coach, manager or via email to etsregistration@hotmail.co.za

<p>Payments can be made to: Education Through Soccer Pty. Ltd., Nedbank Western Gauteng, Account Number: 1286102642, Branch Code: 128605, Reference: Players Name</p>
