

# GSA REGISTRATION FORM

First Name: ..... Surname: .....

DOB: ..... School Name: .....

Club Name: .....

Mobile Number: ..... School Year: .....

Email: .....

Address: .....

.....

City: ..... Post Code: .....

Parent/Guardian: ..... Parent/Guardian Number: .....

Emergency Name: ..... Emergency Number: .....

Any Other Info: .....

Have You Filled Out Our Medical Form? Y / N

**Consent:** You acknowledge you will via our website read, follow and you agree to our academy Policies, Procedures and all found in our: **Please TICK all to register.**

Academy Handbook:  Constitution:  Respect Policy:  Photo/Video  Payments

Player: ..... Date: .....

Parent/Guardian: ..... Date: .....