

ACADEMY SESSION FORM

By completing this form, you are expressing an interest in your child becoming part of our Academy Sessions for the 2023/24 season.



KICK OFF ACADEMY

PARTICIPANT INFORMATION

Child's Name:

Age Group:

U7

U8

U9

U10

U11

U12

U13

U14

Current Team:

Position:

What would you like to achieve by being with us?

Kit Size:

XS

S

M

L

XL

EMERGENCY CONTACT TELEPHONE NUMBERS (PARENT)

Name:

Relationship:

Email:

Phone:

MEDICAL DETAILS

Does your Son/Daughter suffer from any illness, disease, medical conditions or allergies which requires regular or reactive medical treatment including medication

Yes No If YES please give brief details

DECLARATION/PARENT/GUARDIAN CONSENT

I agree to my Son/Daughter taking part in the activities of the club i.e. coaching. I agree to my son/daughter being photographed in club pictures for the purpose of promotion on social media. Please note all pictures will be anonymous and will follow the current child protection guidelines.

I acknowledge the need for responsible behaviour on their part.




Yes No

Print Name:

Signed:

Date:

Please send your completed form back to kickoffacademymk@gmail.com

www.kofamk.com    @KofaMK