

Skilful Soccer Summer Programme:



Boys and Girls – 2005 October – November:

Name _____

Date of Birth _____

Address _____

Home Phone _____

Team played 2005 _____ Grade _____

Parents/ Guardian

Name _____

Contact Phone (03) _____ Mobile _____

Email _____

Method of payment

Amount \$20

Cash

Cheque

(Cheques to be made out to Cashmere Wanderers AFC)

Waiver of Liability

I give permission for my child to attend the Skilful Soccer summer programme run by the Cashmere Wanderers AFC. The C.W.A.F.C. coaches will act on my behalf and notify me straight away if there is an issue that arises during a training session. I hereby waive and release all Cashmere Wanderers coaches from any liability of injuries sustained to my child whilst at a training Skilful Soccer summer programme training session.

Parent/ Guardian Signature: _____ Date: _____

Please send completed registration form and payment to:

Cashmere Wanderers
Skilful Soccer Summer Programme – 2005
PO Box 28 048
Christchurch