

Cashmere Wanderers Development Programme (CWDP):



Boys and Girls: 8th – 13th Grades Term 3 2007:

Name _____
Date of Birth _____
Address _____

Home Phone _____
Team played 2007 _____ Grade _____
Parents/ Guardian
Name _____
Contact Phone (03) _____ Mobile _____
Email _____

Method of payment

Amount \$80

Cash Cheque

(Cheques to be made out to Cashmere Wanderers AFC)

Waiver of Liability

I give permission for my child to attend the Cashmere Wanderers Development 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 CWDP training sessions.

Parent/ Guardian Signature: _____ Date: _____

Please send completed registration form and payment to:
Cashmere Wanderers
Cashmere Wanderers Development Programme – 2007
PO Box 28 048
Christchurch