

# Individual Player Development

Starts: Week Commencing 12<sup>th</sup> October

Venue: Somerfield Park Tuesdays @ 3-45pm

8<sup>th</sup> & 9th Grade 2009



Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Team played 2008 \_\_\_\_\_ Grade \_\_\_\_\_

Parents/ Guardian

Name s \_\_\_\_\_

Contact Phone (03) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

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Method of payment: Direct through

[www.cashmere-soccer.co.nz/gen/payments\\_jnr.htm](http://www.cashmere-soccer.co.nz/gen/payments_jnr.htm)

or by cheque with registration.

Amount **\$40-00** please indicate (Direct or Cheque)

Cheques to be made out to Cashmere Wanderers AFC

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### Waiver of Liability

I give permission for my child to attend the 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 the training sessions.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed registration form and payment to:

Cashmere Wanderers  
First Steps Programme  
PO Box 28 048  
Christchurch