

Player Development Academy

Starts: Week Commencing 12th October

Venue: Somerfield Park



Tuesdays & Thursdays @ 4-45pm

14 / 15th Grade 2010

Name _____

Date of Birth _____

Address _____

Home Phone _____

Team played 2009 _____ Grade _____

Parents/ Guardian

Name s _____

Contact Phone (03) _____ Mobile _____

Email _____

Method of payment: Direct through

www.cashmere-soccer.co.nz/gen/payments_jnr.htm

or by cheque with registration.

Amount \$50-00 please indicate (Direct or Cheque)

Cheques to be made out to Cashmere Wanderers AFC

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
14/15th Grade Academy
PO Box 28 048 Christchurch

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