



Bankstown City Football Club Inc.

ABN 34 261 587 690

Contact: George Fernandez on 0417 481 805 or Ice Stankovski on 0414 993 776

Email us: bankstowncityfc1@yahoo.com.au

Website: www.bankstowncityfc.com.au

10 wk. Football Program (14 players per session)

4 Day. Jan 2008 Holiday Program (14 players per session)

WHERE: Roberts Park, Waterloo Rd. Greenacre

When: Starting Tuesday 29th.Jan 2008

COST: \$200.00 each player

DURATION: 10 weeks, one session per week.

WHAT TO BRING: Academy T-Shirt, boots, runners, football socks and shorts.

PLEASE TICK:	Tuesday	<input type="checkbox"/> 6:00pm	or	<input type="checkbox"/> 7:30pm
		<input type="checkbox"/> 4 Day Clinic		

PLAYERS INFORMATION

Player's Name: _____

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Date of Birth: ____ / ____ / ____ **Phone:** (____) _____ **Sex:** M F

Email Address: _____

Member of Club: _____ **School Attending:** _____

Age Group: U/7's U/8's U/9's U/10's U/11's U/12's **Over Other:** _____

PARENT/GUARDIANS CONSENT: I approve of the application and understand that the organizers will take all responsible care to ensure the well-being of my child/children during the course of the lesson. I give my consent for any necessary medical treatment and agree to meet any and all expenses incurred, and release the coaching staff from all indemnity while my child is participating.

Parent/Guardians Signature: _____ **Name:** _____

Home Ph: (____) _____ **Work Ph:** (____) _____ **Mobile:** _____

IMPORTANT INFORMATION:

Does your child suffer from any medical, physical or emotional condition that we should be aware of?

ENROLMENT PROCEDURE:

Please complete the application form

Method of Payment: Cash Cheque

Signature: _____ **Amount** \$ _____ **Date:** ____ / ____ / ____