

**YOHAN SIMON**  
**REGISTRATION FORM 2020-2021**

CHILD'S FULL NAME:

DATE OF BIRTH:

\_\_\_\_/\_\_\_\_/ 20\_\_\_\_

ADDRESS:

\_\_\_\_\_  
POSTCODE\_\_\_\_\_

PRIMARY / SECONDARY SCHOOL NAME:

\_\_\_\_\_  
POSTCODE\_\_\_\_\_

CURRENT SCHOOL YEAR:

PARENT'S FULL NAME:

TELEPHONE NUMBER:

EMAIL ADDRESS:

MEDICAL HISTORY (INJURIES, ALLERGIES ETC.):

EMERGENCY CONTACT FULL NAME AND TELEPHONE NUMBER:

**PLEASE SIGN THE FORM AND GIVE IT BACK TO YOUR HEAD COACH AT THE TRAINING SESSION**

BY SIGNING THIS FORM YOU ARE AGREEING FOR YOUR SON/DAUGHTER TO PARTICIPATE AT YOHAN SIMON FOOTBALL ACADEMY SESSIONS AND MATCHES AND THAT IF NEED BE, STAFF CAN ADMINISTER ANY NECESSARY FIRST AID TREATMENT.

☐ PLEASE TICK THE BOX AND SIGN ONLY IF YOU AGREE TO THE TERMS AND CONDITIONS

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/20\_\_\_\_