



Player's First Name(s):

Family Name:

Date of Birth (DD/MM/YY):

Male/Female:

Address:

Email:

School:

Parent's/Guardian's  
Name:

1.

2.

Emergency Contact  
Numbers:

1.

2.

Medical Conditions:  
(E.g. Asthma, Diabetes)  
How did you hear about  
The Goal Academy?

I understand that The Goal Academy or the organisation providing facilities, their agents and their employees are not under liability whatsoever in respect of personal injury, loss or damage caused whilst attending The Goal Academy's programmes and events. I consent that my child may attend and fully participate in the programmes and events. In the event of injury to my child I consent to allow emergency treatment by a qualified first aider and give my permission for them to be taken to hospital if necessary.

On occasion, The Goal Academy may take photographs of the programmes and events to be used for publicity purposes. If you DO NOT wish your child to be photographed, please tick the box

Parent's/Guardian's Name:

Signature:

Date:

- A place on the mini-soccer league can only be confirmed on receipt of payment.
- Cheques should be made payable to **The Goal Academy Sdn Bhd** and sent to:  
The Goal Academy, 8th Floor, West Wing, Menara Rohas Perkasa, Jalan P. Ramlee, 50450, Kuala Lumpur.
- For more information, please call **03 2719 5612** or email **info@thegoalacademy.com**.

Official Supplier



THE GOAL ACADEMY SDN BHD [746285-M]

Official Indoor Venue

