

THE GOAL ACADEMY

REGISTRATION FORM

Programme:

Preferred Day(s)/Time(s):

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)

Has your child attended
The Goal Academy before?

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 coaching programmes. I consent that my child may attend and fully participate in the coaching programmes. 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 coaching programmes 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 programme can only be confirmed on receipt of payment of both registration fees and programme fees.
- 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 email info@thegoalacademy.com or call 03 2719 5612.