



GOTHIA 2021 PLAYER REGISTRATION FORM

SCHOOL ACCOMODATION

TEAM NAME

.....

AGE GROUP

.....

PLAYER DETAILS

Details to be input exactly as they appear on the passport

First Name

Middle Name

Surname

Date of birth

Address

Postcode

PLAYER PASSPORT INFORMATION

Passport Number

Expiry Date

Nationality

PARENT CONTACT INFORMATION

Parent 1 -

Full Name

Contact telephone

Email Address

Parent 2

Full Name

Contact Telephone

Email address

PAYMENT OPTIONS

SCHOOL ACCOMODATION

Please select preferred option

Payment in full **£995.00**

Please tick

Instalment Plan **£1045.00**

Please tick

Deposit of **£345** per player paid to the above account upon registration

Followed by **2 instalments** of **£350** to be paid by Direct Debit on

1st February & 1st March 2021

Payment to be made to:

Natwest Bank: Elite Football Account: 69589666 Sort Code: 60-09-04

Please use Team initials, surname and age group eg:

EFBOWERSG14 (GIRLS) or EFBOWERSB14 (BOYS)

A Direct Debit form will be emailed to you for completion

To pay by Debit/Credit card please phone 02381 103 448



PLAYER MEDICAL AND CONTACT FORM

Player Full Name

	<u>Y</u>	<u>N</u>
Is the player allergic to any drugs?		
Is the player allergic to any foods?		
Does he/she have any special dietary requirements?		
Does he/she suffer from any serious illness?		
Asthma		
Diabetes		
Epilepsy		
Other (please detail below)		
Is he/she on any regular medication?		
Does he/she wear contact lenses?		
Do our coaches require any specific training information?		
I am happy for my son/daughter to participate in a swimming activity		
I confirm that my son/daughter is a competent & confident swimmer?		
I can confirm that my child has their own Travel Insurance		
I am happy for my child to be photographed and understand that these images may be used by Elite Football or our Sister Companies for Marketing purposes and may be uploaded to our company's social media channels.		

Additional information.

Deposits are non refundable for players withdrawing for personal reasons and / or personal injury. Please ensure your son/daughter is covered through your insurance policy for this event.

Parents are responsible for ensuring players meet the squad at the designated meeting point at the time(s) stipulated in the tournament pack.

Player Name

Name of Parent

Signed

Date