



## GOTHIA 2022 PLAYER REGISTRATION FORM

### HOTEL ACCOMMODATION

#### 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

#### HOTEL ACCOMMODATION

Please select preferred option

**Payment in full**      **£1,395.00**

Please tick

**Instalment Plan**      **£1,395.00**

Please tick

Deposit of **£395** per player paid upon registration Followed by:

**2 instalments** of **£500** to be paid on **29th February & 31st March 2022**

**NOTE: Hotel Accommodation is Bed & Breakfast ONLY.**

Meal vouchers can be purchased allowing all participants (players/coaches) access to lunch & dinner at the nearest school to your designated Hotel. Should you require a Meal Voucher please tick the appropriate box below and this will be added to your registration :

Please Select

**£85.00 - Meal Vouchers for 12 meals** ..... (Incl. lunch & dinner (Sun 17th Dinner – Sat 23th Lunch)

**£55.00 - Meal Vouchers for 7 meals** ..... (Incl. lunch OR dinner (Sun 17th Dinner – Sat 24th Lunch)

**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)*

**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.

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**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** .....

Please complete and return this form to karen.bowers@elitefootball.co.uk