



YOFI YVORRA  
PHONE: 07543711917  
E-MAIL: INFO@YOSTREETZONE.COM  
WWW.YOSTREETZONE.COM

## FOOTBALL SKILLS CLUB - REGISTRATION FORM

THIS FORM MUST BE FILLED IN BY THE PARENT OR GUARDIAN. PLEASE FILL IN THE RELEVANT SPACES AND CROSS WHERE APPROPRIATE, THEN RETURN TO COACH ON THE FIRST SESSION. WITHOUT THIS FORM YOUR CHILD WILL NOT BE ABLE TO ATTEND THE ACTIVITY.

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_

PARENT / GUARDIAN E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

MEDICAL CONDITIONS / ALLERGIES IF ANY: \_\_\_\_\_

I GIVE PERMISSION FOR PHOTOS / VIDEOS TO BE TAKEN BY YO STREET ZONE STAFF OF MY CHILD DURING THE SESSIONS AND FOR THE PHOTOS TO BE USED ON YO STREET ZONE SOCIAL MEDIA.  YES  NO

IN THE EVENT OF AN EMERGENCY, I THE PARENT / GUARDIAN GIVE CONSENT FOR A MEMBER OF THE YO STREET ZONE TEAM TO ACT AS PARENT / GUARDIAN FOR MY CHILD AND FOR HOSPITAL ATTENTION TO BE ADMINISTERED IN MY ABSENCE IF NECESSARY.  YES  NO

I GIVE PERMISSION FOR MY CHILD TO LEAVE THE PREMISES ON THEIR OWN TO RETURN HOME AT THE END OF THE SESSION.  YES  NO

PREFERRED PAYMENT METHOD  CASH PAYMENTS  DIRECT DEBIT

**BANK DETAILS:** YO STREET ZONE, ACCOUNT NUMBER: 52202682, SORT CODE: 60-14-05

BY SIGNING, YOU AGREE TO THE TERMS & CONDITIONS.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_