



## Summer Clinic Registration Form 2019

Player Name:

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Date of Birth:

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Address:

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Phone/Mobile No:

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Parent/Guardian Email:

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Relevant Medical Conditions:

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Is your child covered with Brennan 24hr schools insurance?    Yes        No   

### Emergency Contact

Name:

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Telephone:

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Session 1 : 9.30am - 12.00pm    Age Group 2008/2009/2010   

Session 2 : 1.00pm - 3.30pm    Age Group 2006/2007   

Session 3 : 3.30pm - 6.00pm    Age Group 2002/2003/2004/2005   

Parent/ Guardian Signature:

Date:

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