



AJAX ONLINE ACADEMY®
Supported by AEGON

PLAYER REGISTRATION & CONSENT FORM

Players Details:

Name: _____ Date of Birth: _____

Address: _____

Home Telephone Number: _____ School: _____

Parents E-Mail Address: _____ Saturday / Sunday Club: _____

Medical Details:

Please indicate if the player has any medical conditions we should be aware of (e.g. Asthma or allergies), as well as if the player uses an Inhaler.

Parent / Carer Details:

First Name: _____ Surname: _____

Phone Number : _____

In the event that the above named person cannot be contacted please give one extra emergency contact name and number.

Name: _____ Second Emergency Contact No: _____

Do you give consent for your child to travel home alone? (Please specify details) Yes / No _____

Do you give consent for coaches to give first aid where required? Yes / No

Do you give consent for photos to be taken for advertising purposes? Yes / No

Signed: _____ Date: _____ Print Name: _____

Please make sure your child is equipped with the following when attending our sessions:

- Shinpads
- Suitable footwear and clothing (weather dependent)
- Drink & packed lunch

Please pay online in advance of attending term-time sessions
Payment Details: NYSA Account No: 63684946 Sort Code: 20 61 46