



Email: info@kickstarttraining.com.au

OFFICE USE ONLY						
Coach	_____					
Start Date	_____					
Casual / Term \$	_____					
No of Clients	_____					
Location/Group	_____					
Days	M	T	W	T	F	S

Soccer kids sign up form

Childs Name: _____ M / F DOB: _____ Age: _____

Address: _____ Postcode: _____

Parents Name _____ Phone _____

Email Address: (for Kickstart info use only) _____

GP Contact Details: Name _____ Address: _____

Phone: _____

Please answer the following questions: (Please circle the correct answer)

1. Is your child currently taking any prescribed medications? Y / N

Details _____

Does your child or has your child experienced any of the following? (please tick)

Asthma/Respiratory problems		Recent surgery(within last 12 months)	
Chronic bronchitis		Faintness/blackouts	
Glandular fever		Epilepsy	
Infections/Infectious disease			
Joint problems			
Muscular/Ligament injuries			

Any other health condition/reasons that may restrict your child or you feel we should be aware of?

Y / N

Details _____

Cancellation Policy

Kickstart Soccer & Fitness cannot refund missed sessions, however any session cancelled due to poor weather will be reimbursed or you are free to book in a make up session during the week.

Payment Method

We accept, cash, direct deposit or cheques to be made payable to Kickstart Soccer and fitness. Casual sessions to be paid 1 session in advance at all times.

Direct Deposit Details

Account Name: Kickstart Soccer & Fitness

Account no. 10732067

BSB 063111

Privacy Statement

We will ensure all personal information provided to us is kept confidential at all times. This information is required to ensure that we are able to provide you with appropriate services, and we do not share email addresses with any third party

Indemnity

- I understand that Kickstart Soccer & Fitness is unable to provide me with medical advice about my child's fitness and none of the information contained in this questionnaire provides medical advice to me about my child.
- I understand that the trainer has no expertise in the field of medicine nor is he trained to detect serious medical problems. If a medical problem arises which concerns my child I will consult my treating physician.
- I understand that participation in any fitness/sporting activity carries some risk and declare that my child is free from injury and able to participate safely.
- While we take all care to ensure a safe environment for your child we cannot take responsibility for injuries occurring during sessions, either resulting from another participant or during the usual course of the session. Our coaches are trained in first aid and CPR and will of course assist in the unfortunate event of an injury/accident.
- We are not a registered child care provider and parents/carers are required to be present for the duration of the session.

How did you hear about us?

We may on occasion take photographs or film of sessions for promotional purposes on our website/advertising material, do you agree to have your child/ren photographed? We will of course ask permission before any photographs/film is taken. Y / N

Signature _____

Name _____

Date: _____