Dreams Resort

Masters Football Player Registration Form

Name of Child:
……..
Date of Birth:
……..
Contact Number/s:
……..
Email Address:
……..
Booking Reference Number/Room Number
……..
Dates Of Interest
……..
Junior or Teens Session
……..
Medical Conditions / Disabilities:
……..

It is the parents or guardians responsibility to inform Masters Coaching Team of any health problems or medical details.

Disclaimer

I authorise the coaching staff to administer or approve any treatment deemed necessary. I also agree the Course Director reserves the right to remove any disruptive children from the session and that none of the parties involved in the coaching programme can accept responsibility for injury, loss or damage to players or their property however caused.

Signed:…… Parent/Guardian

Disclaimer

From time to time Masters is filmed or photographed for publicity reasons. Please sign below that you are happy for you and/or your child's personal image to be used for promotional purposes.(website, brochures, facebook).

Signed…… Date……

By ticking the box, you are consenting to Masters Football to share or transfer your personal information to our affiliated companies, for the purpose of receiving from them information about news, events, activities, new products and services offered by them, advertising campaigns and / or promotional activities.