



**G C SPORTS LTD
FOOTBALL ACADEMY
NICOSIA**



2009 - 2010

1. FULL NAME:.....
2. FATHER'S NAME:.....
3. MOTHER'S NAME:
4. DATE OF BIRTH:.....
5. ADDRESS:.....POST CODE:.....
6. Tel. (Home): (Mobile):
7. Registration Date:.....

8. HEALTH CERTIFICATE

- I attach medical certificate (from a general practitioner or pediatrician) which declares that the participant does not suffer from any health problem which prohibit his participation in athletic activities
- OTHERWISE,
- I hereby declare that the participant did not face in the past and does not face health problems that would prevent his participation in athletic activities
 1. With present, I hereby declare as the participant's guardian, that I concur with his attendance in the G S Sports Football Academy.
 2. I hereby declare that the Football Academy will not have any responsibility regarding health problems that may arise from the attendance of my child in the Academy.
 3. I hereby declare that the Football Academy will have no responsibility in case of any health problem that might arise during or from the attendance of my child in the Academy.
 4. The Football Academy does not accept any responsibility for any accidents that may happen at the premises or during the training sessions of the Academy.

9. INSURANCE

- For children under 11 years old the insurance fee is €35 per year (11 years old included)
 - For children over 8 years old the insurance fee is €49 per year (12 years old included)
- More information concerning the insurance contract please visit the Academy website at www.gcsc.ac.cy/gcsports/FOOTBALLGeneralInfo.php
The insurance fee must be paid on registration.
 INSURANCE IS VALID ONLY DURING TRAINING SESSIONS AND GAMES OF THE ACADEMY.

10. SIGNATURE:.....

11. Payment

Monthly Yearly

12. Training Days

REMARKS / NOTES

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For Official Use

Account No.

Academy Uniform