



## 2007 Program Application Form

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 NAME DATE OF BIRTH

.....  
 ADDRESS POST CODE

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 PARENT / GUARDIAN NAME RELATIONSHIP

.....  
 ALLERGIES & OTHER SPECIAL CONCERNS

.....  
 EMERGENCY CONTACT PHONE

.....  
 HOME PHONE WORK PHONE MOBILE  
 PHONE

.....  
 EMAIL ADDRESS

.....  
 NAME OF SOCCER CLUB

PLEASE TICK APPROPRIATE BOX  MALE  FEMALE

I/We, the undersigned, hereby certify that I/we are the parent/s or legal guardian/s of the child. I/We hereby give permission for the I.Q. Football staff to seek appropriate medical attention for the child and for the medical attention to be given and for the child to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned, for ourselves, our heirs, executors and administrators waive, release and forever discharge I.Q. Football and its staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in the soccer trials and subsequent programs, whether or not damages, injury or loss is due to negligence. I/We hereby acknowledge that our child is physically fit and mentally capable of participating in these soccer trials and program.

.....  
 PARENT / GUARDIAN SIGNATURE DATE

.....  
 PARTICIPANT SIGNATURE DATE

**(Please return completed form to IQ Football, PO Box 446, West Ryde 1685. You will be contacted to confirm your position at the trials.)**