

Club Registration Form 2023/2024

Name & Surname			
Date of Birth			
ID Number			
Gender			
Residential Address			
D			
Postal Address			
Mothers Name			
Mothers Cell			
Mothers Email			
Fathers Name			
Fathers Cell			
Fathers Email			
Child's Allergies			
Medical Conditions			
FOR OFFICE USE:	SQUAD:	COACH:	START DATE:
Agreement and Disclain		_	
nold the Committee, the any persons given char oss of properties, which	e coach, or any coach aft ge over such child / child n may be sustained beyo	filiated to Margate S Iren, responsible for and their control whil	acknowledge and constitution and bye-laws. I will not wimming Club, South City College, or any physical injuries, loss of life or st my son / daughter / ward s waiver is unconditional and is given Natural or Legal Guardian of the
n my personal capacity aforementioned child.	and in my capacity as F	ather / Mother and I	valural or Legal Guardian of the
Signed at	this the	day of	2022/23
Signature			