



inthenet

Football Academy

www.inthenet.com.au

School Holiday Camp Application

Players Name: _____

Parent Name: _____

Address: _____

Contact No: _____ D.O.B: _____

As lunch will be provided please specify any allergies your child may have:

Parent/Guardian Consent:

I approve of the above application and understand that the organisers will take responsible care to ensure the well being of my child/children during the course of the lesson. I give consent for any necessary medical treatment and agree to meet any and/or all expenses incurred and release the coaching staff from all indemnity while my child/children is participating. I authorise In The Net Football Academy to photograph my child/children and to use these photographs on the In the Net Football Academy website for future advertising relating to In the Net Football Academy.

Parent/Guardian Signature: _____ Date: _____