



Dromahair FC Academy Registration Form 2020/21

Child (1) name _____ Date of birth ___/___/___

Child (2) name _____ Date of birth ___/___/___

Home Telephone Number _____ Mobile Telephone Number _____

Emergency Contact Number (1) _____ (2) _____

Email Address _____

Childs relevant medical condition or relevant medical information

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Signature of parent/guardian _____ Date ___/___/___

During the season our teams/academy may be photographed or filmed for coaching purposes, or as part of club coverage in newspapers, Facebook, or for the use on our own Club website or for publicising our club. Should you object to your child being photographed or filmed please inform your team manager as part of this registration process.

Consent: Yes / No