



## Futsal Escocia Coaching

### Registration Document

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Does your child have any medical conditions? \_\_\_\_\_

\_\_\_\_\_

Do you consent on your child being photographed? \_\_\_\_\_

**Images/videos may be used to promote Futsal Escocia.**

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_