



Futsal El Mundo Limited
All about DEVELOPMENT and FUN

PLAYER REGISTRATION FORM

PLAYERS NAME: _____ DATE OF BIRTH: _____

PLAYERS ADDRESS: _____

PLAYERS CLUB: _____ SESSION ATTENDS: _____

PARENTS NAME: _____

EMAIL ADDRESS: _____

MOBILE NUMBER: _____

SOCIAL MEDIA YOU USE: **FACEBOOK TWITTER INSTAGRAM OTHER** _____

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ALLERGIES? IF YES PLEASE STATE _____

DO YOU CONSENT TO YOUR CHILD BEING PHOTOGRAPHED? **YES** **NO**

Images/videos may be used to promote Futsal El mundo Limited

Name: _____ Signed: _____

Date: _____