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2010 PROGRAM REGISTRATION FORM

Please fill in the details below to register your child

Season: Summer Autumn Winter Spring

ELITE PROGRAM: or **HIGH PERFORMANCE:**

ACADEMY ZONE SOUTH EAST NORTH WEST

Player's name:

Address:

Postcode Phone: N° (BH) (MOB):

Date of Birth:

Email Address:

Emergency Contact

Name:

Phone N° (BH): (MOB):

Current History

Current Medical Conditions:

Regular medications including supplements, stating name and dosage:

Allergies: