



**AIFA & DONCASTER ROVERS  
SUMMER ACADEMY 2012**



Please select the day/s applicable & payment method

**1 DAY X 9 WEEKS                      \$220.00**

**2 DAYS X 9 WEEKS                     \$385.00**

**PAYMENT DETAILS**

Cash/Visa/Mastercard (please circle)          Amount: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER:

15 blue square boxes for credit card number input

EXPIRY DATE: \_\_\_\_\_          CCV #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MOBILE: \_\_\_\_\_          HOME: \_\_\_\_\_

**PLEASE NOTE THERE WILL BE NO ACADEMY SESSIONS ON MELBOURNE CUP  
WEEKEND MONDAY 5<sup>TH</sup> & TUESDAY 6<sup>TH</sup> NOVEMBER 2012.  
NO REFUNDS FOR ABSENTEEISM**



# AIFA & DONCASTER ROVERS SUMMER ACADEMY 2012



## REGISTRATION FORM

**PARENT/GUARDIAN**

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POST CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**CHILD 1M or F (please circle)**

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_

**CHILD 2M or F (please circle)**

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_

**CHILD 3M or F (please circle)**

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_

I \_\_\_\_\_ being the parent of \_\_\_\_\_ (participant) agree that the activity organised or conducted by D.R.S.C & A.I.F.A is in the nature of the sport and as such has some dangers and risk, which may include the risk of injury to the participant. The parent/guardian also agrees that due to the nature of the activity, it would be unreasonable for D.R.S.C & A.I.F.A be in any way responsible for any injury to the participant and the parent/guardian to the full extent permitted by law, waives all of his or her and the participants legal rights of action against and fully releases D.R.S.C & A.I.F.A for loss, damages, injury or death, howsoever arising out of or in relation to the participation by the participant in the activities conducted or organised by D.R.S.C & A.I.F.A, including without limitation for any neglect or tortuous act of omission, breach of duty, breach of contract or breach of statutory duty on the part of D.R.S.C & A.I.F.A, its office bearers, directors, employees, agents or sponsors. The parent/guardian agrees that he or she has enrolled the participant freely, voluntarily and absolutely at his or her discretion and risk with full appreciation of the nature and the extent of all risks involved with the activity. This waiver binds the participants and his or her parents/guardians. The parent/guardian gives permission to D.R.S.C & A.I.F.A to photograph the participant for the purpose of the promotional material (including website). The parent/guardian gives permission to D.R.S.C & A.I.F.A supervising staff to administer emergency medical treatment, if an injury occurs during the academy sessions.

I have read and understand the waiver of my legal rights and that of the participants.

Parent/Guardian signature (participant if 18 years): \_\_\_\_\_ Date: \_\_\_\_\_