



ENROL ONLINE AT: www.roardevelopment.com.au OR RETURN COMPLETED FORMS TO:

Fax: 07 3009 0516

Email: smacnicol@brisbaneroar.com.au
Post: Brisbane Roar FC, Locked Bag 10

Kelvin Grove BC 4059

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VENUE:

DATES:

TIMES:

AGE:

COST:

WHAT YOU GET:



A UNIQUE PROGRAM DESIGNED FOR YOUNG PLAYERS TO HELP THEM ENJOY THEIR FOOTBALL.

DEVELOP YOUR SKILLS AND ALSO HAVE A CHANCE TO MEET AND BE COACHED BY SOME OF THE ROAR PLAYERS!

For enquiries please contact Scott MacNicol at smacnicol@brisbaneroar.com.au

REGISTRATION FOR:

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Player details

Full Name:

Date of Birth: Age: Gender:

Phone:

Mobile:

Email:

Address:

Postcode:

Medical Conditions:

Emergency Contact Details

Name:

Number:

PAYMENT DETAILS

Credit Card

Mastercard Visa
Card Number:
Expiry Date:
Signature:
Cheque/Money Order Please make payable to Brisbane Roar FC and attach to this registration form.
Cheque No:

Parent/Guardian Disclaimer

I certify that my child enrolled hereon is in excellent health and may participate in strenuous physical activities including soccer. I agree to defend and hold Brisbane Roar FC, its servants, agents and/or employees and contractors harmless from any and all claims for injuries that may be sustained by my child during his or her participation in the camp. Permission is hereby granted to Brisbane Roar FC to use pictures of the participants in any promotional materials. Permission is granted for my child to receive emergency medical treatment, if needed, and I certify that there are no limits to my child's participation except as stated in writing and included with this application.

Acceptance

Parent/Guardian Name:

(please print)

Amount:

Signature:

Date: