



# Tiki Taka Football Academy

Ambition + Motivation + Teamwork = Success



## Membership & Registration Form

Please complete in BLOCK CAPITALS and return a scanned version or a photograph of the completed form along with a passport photograph of your child and a copy of their passport/ birth certificate via e mail: secretaryttfa@gmail.com.

Player's first name: .....

Player's Surname: .....

Home Address: .....

.....

Player's Date Of Birth: .....

Player's Current Age: .....

Parent/Guardian Mobile Tel : .....

Emergency Tel: .....

Parent/Guardian E-mail address: .....

Player's School: .....

Does your child suffer from any illness, condition or disability which should be brought to the club's attention? Yes/No (please circle)

If YES, please give details: .....

.....

.....

Name and telephone number of family doctor:

.....

### Declaration by parent or guardian:

- 1) I wish for my son/daughter to become a member of TTFA.
- 2) I agree to the Code Of Conduct, Costs & Charging and Social Media & Communication policies.
- 3) I agree that all of the information provided is correct to my knowledge and have disclosed any medical condition which may affect my child's participation at the club.
- 4) I give permission for TTFA to take and use photographs of my child for TTFA marketing purposes.
- 5) I also give permission for TTFA to administer first aid to my child if necessary, and to transfer my child to hospital should an emergency arise.
- 6) I have sent a passport photograph and copy of my child's identification along with this form.

Name: .....

Signature: .....

Date: .....



CHARTER STANDARD CLUB