



Soccer Player's Details Contact and Parents Details
Surname: First Name/s:
DOB: ID Number:
School: Grade:
Allergies/Medical Details:
Any medication taken on daily basis:
Medical Aid Name and Number:
Contact and Parents/Guardian Details
Residential Address:
Mother's Name: Contact Number:
Mother's Occupation and Company:
Mother's Email Address:
Father's Name: Contact Number:
Father's Occupation and Company:
Father's Email Address:
Emergency Contact Name and Number:
Send Email Correspondence to (circle one): Mother Father Both Guardian Membership and Financial Implications
Please note that ONE MONTH'S notice in WRITING is required should your child wish to resign from the club. One
month's fees will be due should no notification be received. I hereby certify:
1.) That the information submitted is correct in every aspect.
2.) That as a parent of a member of the Bayview Sports Club, I will abide by the Constitution and Rules and
Bylaws of Bayview Sports Club.
3.) Fees are payable in advance by the DUE date, as set out in the fee schedule. Parents are jointly and severally
liable for payment of fees.
4.) I agree that Bayview Sports Club may use photographs or video footage of my child for the purposes of promoting the Sports club.
Date: Signature:
Indemnity
I, the parent/guardian of hereby, irrevocably indemnify
the Bayview Sports Club and/or any coaches or agents employed by the Club against any claim for injuries which may
arise from my child's participation in and travelling to/from soccer training, competitions and/or courses and/or
displays organized by or for the said Club with full knowledge and appreciation of the risks inherent in these
activities and hereby waiver any claim that may arise there from.

Signature: