



DEVELOPMENT PROGRAM TERM 3

APPLICATION FORM

Please complete & return your application to:

FAX 02 4353 7211

POST to PO Box 5244 Chittaway Bay NSW 2261

ALL ENQUIRIES: 4353 7200

PARTICIPANT 1

First Name Surname D.O.B / /
 Address Postcode
 Contact No Email

Current Club & Team
 School
 T-Shirt Size Are you a goalkeeper?

PARTICIPANT 2

First Name Surname D.O.B / /
 Address Postcode
 Contact No Email

Current Club & Team
 School
 T-Shirt Size Are you a goalkeeper?

LOCATION

LONG JETTY Jubilee Oval Wed 5.30-7pm commencing 27 July

MARINERS MEMBERS are entitled to a 10% discount Member number:

AMOUNT PAYABLE

| | |
|--|----------|
| _____ children @ \$249 per child | \$ _____ |
| Transaction Fee | \$ 5.00 |
| TOTAL | \$ _____ |
| <input type="checkbox"/> I do not wish to receive special offers from Central Coast Mariners | |

PARTICIPATION AGREEMENT

I understand that there are inherent risks associated with participation in football matches, and my child's participation in the program may result in personal injury (even of a serious nature) and I fully accept and agree to bear those risks. I agree not to bring any claim or proceeding against Central Coast Mariners for any damage, loss, injury or liability I or my child may suffer from participation in the program except for liability that by law cannot be excluded. In the event of any injury or illness to my child during the program, I hereby give consent in arranging any medical treatment that may be required.

I hereby grant the Central Coast Mariners the right and permission to publish, without charge, photographs of my child taken during the program. These photographs may be used in publications, including electronic publications, or in individual presentations, promotional collateral, advertising, or in other similar ways. NB: Any child entering the clinic with a medical condition must bring a letter from their doctor regarding the treatment of this condition.

Parent/Guardian
 Signature: _____ Date: / /

PAYMENT DETAILS

Enclosed is my cheque/money order made out to the CENTRAL COAST MARINERS FC PTY LTD

I hereby authorise the Central Coast Mariners to debit TOTAL PAYABLE from my nominated credit card:

VISA MASTERCARD AMEX Expiry Date: ____/____/____

Card Number: _____ CCV Code: _____
(last 3 digits on back of card)

Cardholder's Name _____ Signature _____