



DEVELOPMENT PROGRAM

APPLICATION FORM

TERM 4

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 / / | Current Club & Team |
| | Address | Postcode | | School |
| | Contact No | Email | | T-Shirt Size Are you a goalkeeper? <input type="checkbox"/> |

| | | | | |
|----------------------|------------|----------|-----------|--|
| PARTICIPANT 2 | First Name | Surname | D.O.B / / | Current Club & Team |
| | Address | Postcode | | School |
| | Contact No | Email | | T-Shirt Size Are you a goalkeeper? <input type="checkbox"/> |

CENTRAL COAST

LONG JETTY Jubilee Oval, Kitchener Rd Mon & Thu 5.30 – 7pm

SYDNEY

GLENHAVEN Glenhaven Oval, Glenhaven Rd Mon & Fri 5.30 – 7pm

EASTWOOD Epping Boys' High School, Vimeira Rd Wed 5.30 – 7pm & Sun 8.30 – 10am

ST IVES Toolang Oval, Toolang Rd Mon & Fri 5.30 – 7pm

Programs run for 9 weeks, commencing week beginning 11 Oct and finishing week ending 12 Dec

AMOUNT PAYABLE

| | |
|--|----------------|
| _____ @ \$495.00 Per Child (FULL PROGRAM) | \$ |
| _____ @ \$325.00 Per Child (1 DAY OPTION) | \$ |
| Transaction Fee | \$ 5.00 |
| TOTAL | \$ |

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** _____