APPLICATION FORM

PROGRAM: EGK 10 Week Program TERM: ☐ 1 ☐ 2 ☐ 3 ☐ 4 (Please tick)

Name: _____ Date of Birth: _____

Address: _____ Post: _____

E-mail: _____ Club: _____

Contact Name: _____ Contact No.: _____

Venue: _____ Session time: _____

☐ *I would like to sign up for one(1) Term = $350*
☐ *I would like to sign up for two(2) Terms = $700*
☐ *I would like to sign up for three(3) Terms = $1050*
☐ *I would like to sign up and pay in advance for a full year's tuition (4x10-week program) and receive your choice of personalised, ELITE Goalkeeping Uhlsport strip and gloves for only $1300. (Payment for a year's tuition can be paid in 2 x $650 instalments)*
See www.goalkeeping.com.au for further details.

Payment Options:

☐ **Cheque:** **Make payable to:** **ELITE GOALKEEPING**
Return cheque to: **P O Box 202, EARLWOOD NSW 2206**

☐ **Electronic Funds Transfer:**

Account Name: **ELITE GOALKEEPING**
Bank: **COMMONWEALTH BANK OF AUSTRALIA**
BSB: **062-223**
Account No.: **1047 6921**

We, the undersigned, hereby certify that I/we are the parent/s or legal guardian/s of the child. I/We hereby give permission for the Elite Goalkeeping staff to seek appropriate medical attention for the child and for the medical attention to be given and for the child to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned, for ourselves, our heirs, executors and administrators waive, release and forever discharge Elite Goalkeeping and its staff, officers, agents, employees, representatives and successors and assign off and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in the goalkeeping programs, whether or not damages, injury or loss is due to negligence. I/We hereby acknowledge that our child is physically fit and mentally capable of participating in these goalkeeping programs. I/We also consent to have my/our child's photograph published in any media/advertising materials produced by Elite Goalkeeping.

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Parent/Guardian Signature Date:

Elite Goalkeeping (ABN 69 379 206 614) P.O Box 202, Earlwood NSW 2206.
Ph: 0414 515 595 Fax: + 61 2 8088 7191 E-mail: elite@goalkeeping.com.au