



Monsters United Pty Ltd  
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ABN 44889244262

## Registration Form

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Child's name

Date of birth

Parents' names

Address

Contact phone numbers

Email

Preferred training session day

Where did you hear about us?

.....

Medical conditions

Any medication given? If yes please specify

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Enrolling my child I am declaring he/she has no injury or illness to my knowledge and are fit and well to participate in all of the activities.

I agree to release Monsters United from liability for any loss, damage, expense or injury whatever incurred arising out of or in connection with the soccer activities conducted by Monsters United.

By signing this document I am accepting the terms and conditions of Monsters United.

I DO / DO NOT consent to photographs of my child being taken and published on any promotional material.

Parent's / Guardian's signature

Date