



PADDYSCO SPORTS ACADEMY ADMISSION FORM

Thank you for choosing to train with us. Please complete this form in BLOCK CAPITALS and return it to info@paddyscosports.com - By completing this form you agree to the Terms and Conditions outlined below.

CHILD DETAILS

First Name:	
Surname:	
Date of Birth (dd/mm/yyyy)	
School	
Class	
State of Origin/Nationality	
Mobile Phone Number	

TEAMS (CATEGORY)

	TUESDAYS	THURSDAYS	SATURDAYS
Paddysco Incrédibles (Ages 3 – 6)	Special Arrangement For Weekday Trainings & Holiday Trainings (4pm – 6.30pm)	Special Arrangement For Weekday Trainings & Holiday Trainings (4pm – 6.30pm)	Weekend Trainings (7am – 10am)
Paddysco Clever Boys (Ages 7 – 10)			
Paddysco Royals (Ages 10 – 13)			
Paddysco Elastic Queens (Females)			
Paddysco Hyenas (Ages 13 – 16)			
Paddysco Titans (Ages 16 and Above)			

PARENT/GUARDIAN DETAILS

Titles:	Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Dr. <input type="radio"/> Other <input type="radio"/>
First Name:	
Surname:	
Full Address	
Telephone Number	
Email Address:	
Relationship to Child:	

SECOND EMERGENCY CONTACT (DIFFERENT FROM PARENT/GUARDIAN DETAILS)

Titles:	Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Dr. <input type="radio"/> Other <input type="radio"/>
First Name:	
Surname:	
Full Address	
Telephone Number	
Email Address:	
Relationship to Child:	

CONFIDENTIAL MEDICAL DETAILS

Does your child have any medical condition?	Yes <input type="radio"/>	No <input type="radio"/>	If yes, Please specify
Was your child recently hospitalized?	Yes <input type="radio"/>	No <input type="radio"/>	If yes, Please specify
Does your child have any allergies?	Yes <input type="radio"/>	No <input type="radio"/>	If yes, Please specify
Does your child have any special needs?	Yes <input type="radio"/>	No <input type="radio"/>	If yes, Please specify
Is your child currently on any medication?	Yes <input type="radio"/>	No <input type="radio"/>	If yes, Please specify

If you have any YES to any of the above questions, please give further details:

PARENT/GUARDIAN CONSENT

I give permission for my child to be given medical treatment either by way of first aid by a suitable qualified person or by doctor	YES <input type="radio"/>	NO <input type="radio"/>
I give permission for my child to be taken to a hospital or seen by a doctor in the case of emergency.	YES <input type="radio"/>	NO <input type="radio"/>
I give permission for my child to be photographed or filmed for promotional purposes on your website and social media platforms	YES <input type="radio"/>	NO <input type="radio"/>

KIT DETAILS

Height & Weight (M):	
Jersey Top (Select One):	Youth: XS(26) () S(28) () M(32) () L (34) () XL(36) () 2XL(38) () Adult: XS(34) () S(36) () M(38) () L(40) () XL(42) () 2XL(44) ()
Jersey Shorts (Select One):	Youth: XS(12) () S(14) () M(18) () L (20) () XL(22) () 2XL(26) () Adult: XS(25) () S(27) () M(29) () L(31) () XL(33) () 2XL(35) ()
Preferred Name & No:	(For the Kit/Jersey)

WHERE DID YOU HEAR ABOUT US?

Human Referral	
Website	
Social Media	
Radio	
Search Engine	
Others (Please Specify)	

DECLARATION AND SIGNATURES

By submitting this form you agree to comply with the terms and conditions as enshrined in the Admission Prospectus as well as the parent/guardian disclaimer. Please note, we will complete your booking when you have read and ticked the boxes above. Once complete, please send your completed form to our Staff or our email at info@paddyscosports.com. Please keep a copy of this completed form for your record.

Signature of Parent/Guardian & Date: