

Applicant's Name: _____ Age: ____ Date of Birth: _____
Parent's Name: _____
Address: _____
Contact No.: (Home) _____ (Mobile) _____
Email Address: _____

Please call (6681 3285) or email (becdwayne@aapt.net.au) Dwayne Smith for enquires on Jnr or Snr course to attend.

Medical Details

Does your child suffer from any allergies; should we be aware of medical condition or physical limitations? If so, please specify:

Course Fee (Please select via circle how many classes you will attend per week below):

Course Type Class/week Members Non-Members

Junior Classes	(Mon & Wed)	1/week (9 weeks x \$10) \$90
4yrs – 9yrs		2/week (9 weeks x \$16) \$144

Senior Classes	(Tues & Thurs)	1/week (9 weeks x \$12) \$108
10yrs – 15yrs		2/week (9 weeks x \$18) \$162

Date: Monday 4th February to Friday 11th April 2008

Starting date: _____ please note coach will assess players to ensure your child is in the correct session)

Remarks:

1. The children will be assessed during the first few classes to ensure they are in the right class.
2. Course details please refer to the 'Training Timetable'.

Payment

The correct amount of the course fee must be attached with this application form when submitting to the Club's drop in box or handed directly to Dwayne.

Otherwise, no enrolment will be accepted. (Cheque payable to ADDvantage Sports Pty. Ltd.)

Terms and Conditions:

1. Completed application forms should be submitted to the club drop in box or handed directly to Dwayne.
2. Class allocation is subject to first-come-first-served basis.
3. **All fees are non-refundable unless the applicant is not accepted into the class.**
4. In case of any cancellation by the applicant, please notify us either by email or in writing and received by Dwayne Smith 7days before the course commencement.
5. Training will be cancelled in the event of heavy and thunder/lightning storm warnings, No refund, credit letter or make up lesson will be provided unless notified in person from Dwayne.
6. ADDvantage Sports Ltd. reserves the right to change course time without prior notice.
7. No refund will be provided for students withdrawing after a course commences.
8. Please assume your application is successful if you do not hear from our office.
9. Please check time, date and venue carefully when enrolling for classes.

Declarations:

I agree to allow the applicant to participate in the Ballina Football Academy and confirm that the information given above is true and correct. If this application is successful, I shall be fully responsible for the payment of all the expenses and be bound and abide by the Club Rules and Bye-Laws of the Ballina Soccer Club & ADDvantage Sports Pty Ltd. The Ballina Soccer Club and its holding companies, subsidiaries, affiliates and associated companies, their officers, employees, servants, agents or licensees, shall not be liable or responsible to the applicants and/or the lesson companion for any loss, injury, damages, claims, cost or expenses whatsoever, which may be sustained by the applicant and/or the lesson companion, caused by or in consequence of the Ballina Football Academy. I fully understand that Football is a high-risk activity. I declare that the applicant is healthy, physically fit and suitable to participate in the above-mentioned activity. I also fully agree to the terms and conditions above in this application.

Parent's Signature _____ Date _____