

Scales Sports Arena Under 16's Application Form

Please complete one form per child.

	Parents / Guardians Details	
Full Name		
Cell Number		
WhatsApp Number	(If differe	ent to Cell Number)
Email Address		
Would you like to be added to	Yes 🗆 No	
our charity mailing list?		
	Invoice Details	
Full Name		ferent from above)
Email to receive Invoices		ferent from above)
Telephone*	(1) (1)	TOTOM TOM MOUND)
Cell Number	(Tf dif	ferent from above)
Postal Address*	(1) (1)	TOTOM TOWN MODICS
Physical Address*		
*Optional		
	Player Details	
Child / Players Full Name	Tioiqui votoiiis	
Date of Birth		
Current Age		
Any Medical Conditions	Yes \square No	
If yes please Specify:	103 🖺 110	
1 403 4100130 3400114		
Please select which sport	(If applying for more than one sport, please number 1-4 in order or 1st choice, 2nd choice	
etc)		
	Action Cricket Indoor H	•
	Indoor Soccer □ Action Ne	etball 🗆
responsible for any and all	ndersigned, hereby declare and understand liabilities caused by, or concerning me, whil Scales Sports Arena facilities and/or equipme	st I or any of mu
I declare that I have rea	d and understand: (Please tick as appropriat	te)
	Arena Under 16's Sports Program	
The Scales Sports Arena Under 16's Sports Rules		
The above Liability Waiver		
I have disclosed any and all medical conditions		
That the information I have supplied on my application is correct		
THAT THE INFORMATI	ON I MAVE SUPPLIED ON MY APPLICATION IS COFFE	cct 🗆
Signed:	Date:	

