



**PARENT/GUARDIAN CONTACT**

First Name .....

Surname .....

Address .....

Suburb ..... Postcode .....

Home Ph .....

Mobile Ph .....

Work Ph .....

Email .....

Preferable means of contact .....

Parent/Guardian Signature

X.....

**MEDICAL ASSISTANCE PERMISSION**

I .....(parent/guardian) give permission to Genova International S.S. supervising staff to administer emergency medical treatment to ..... (participant) if an injury occurs during soccer clinic sessions.

Medicare \_\_\_\_\_

Parent/Guardian Signature

X.....

**PARTICIPANT DETAILS**

Please supply 2 passport sized photos with your enrolment form

First Name .....

Surname .....

Sex (please circle) male female DOB.....

Home Ph .....

Mobile Ph .....

Email .....

**Measurements details**

T-Shirt size (please circle) S M L  
Shorts size (please circle) S M L

Present Club .....

Position .....

Medical Conditions & Medications .....

.....

.....

**Participant Signature (18yrs+)**

X.....

**MEDIA RELEASE FORM**

I .....(parent/guardian) give permission to Genova International S.S. to photograph ..... (participant) for the purpose of promotional material (including website) for Genova International S.S. and/or AS Roma Australia Campus.

Parent/Guardian Signature

X.....

**PARENTAL RELEASE**

I, .....(printed name)  
of.....  
..... (address)  
being the Parent/Guardian of .....  
(name of child participant)

Acknowledge and agree that the activity organized or conducted by the company is in the nature of a sport and as such has some dangers and risks, which may include the risk of injury to the participant.

The Parent(s)/Guardian further acknowledges and agrees that due to the nature of the activity, it would be unreasonable for the company to be in any way responsible for any injury to the participant and the Parent/Guardian hereby, to the full extent permitted by law, waives all of his or her and the participant's legal rights of action against and fully releases the company for loss, damages, injury or death howsoever arising out of or in relation to the participation by the participant in the activities conducted or organized by the company including without limitation, liability for any negligent or tortuous act or omission, breach of duty, breach of contract or breach of statutory duty on the part of the company, its office bearers, directors, employees, agents or sponsors.

The Parent/Guardian further acknowledges and agrees that he or she has enrolled the participant freely, voluntarily and absolutely at his or her own discretion and risk and with a full appreciation of the nature and extent of all risks involved in the activity. This waiver shall bind the participant and his or her Parents/Guardians.

I have read and understand this waiver of my legal rights and that of the participant.

Parent/Guardian Signature

X.....

Date .....

**GROUP TO BE ENROLLED IN:**

Please select the participants age group

- 6-7 yrs old   
 8 - 9 yrs old   
 10-11 yrs old  
 12 -13 yrs old   
 14-16 yrs old   
 17-19 yrs old

**FEES AND PAYMENT METHODS**

Credit Card Type (eg. Visa).....

Card Holder Name (as appears on card)

.....

Card Number

\_\_\_\_\_

Expiry Date ...../.....

Amount ..... +1.5% card surcharge

Signature

X.....

Cheque or Money Order made payable to  
GENOVA INTERNATIONAL SCHOOL OF SOCCER

Please forward your payment to  
GENOVA INTERNATIONAL SCHOOL OF SOCCER  
P.O. BOX 137  
CLIFTON HILL, VIC 3068

Confirmation of placement will be sent to participants upon receipt of Deposit and Enrolment Form.

Pimienta Enterprises Pty Ltd  
T/A Genova International School of Soccer  
ACN120747051

Cost: \$230 6 - 9 yrs (born after 1999)  
\$280 10 - 13 yrs (born 1995 - 1999)  
\$380 14 - 19 yrs (born before 1994)  
(includes \$250 non-refundable deposit)

Where: The Reggio Calabria Club  
476 Brunswick Rd, Parkville

During the summer season, all participants are expected to wear sunscreen and caps.



# A.S. Roma Football Melbourne Tour

April 6-9, 2009

## ENROLMENT FORM

*Proudly presented by*



Phone: 1300 793 505  
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www.asroma.com.au