

Gareth Edds Soccer Academy Townsville Weekly Training

Soccer	Play	er/Me	ember	Name
	1 166 y			1 1001110

Soccer Player/Member Name				
Nan	neDate of Birth			
	th Edds Soccer Academy – named GESA through out form. cer Training Terms and Conditions			
For 1. 2. 3. 4. 5.	ALL Students/Players both under the age of 18 and above. GESA must agree and accept player/member application prior to payment. Payments must be made (unless pre-agreed by GESA) in advance in the form of a block payment for full Term (Qld State School Term Time). Please note term weeks change over the year. GESA will inform you. All player/member medical forms, photo/video permissions forms and Player Code of Conduct forms must be completed and received by GESA personnel with application. All payments for training sessions are NOT refundable. GESA will place all children into groups based on ability, groups are NOT transferable unless agreed with			
6. 7.	GESA Training Session days and times are NOT transferable. During ALL training the weather can be hot and in summer months heavy rain may also occur. GESA will continue sessions in these conditions when safe. However, we do stop and place the children inside during lightening storms. Children can take shade and water at any point during the session, they must let GESA personnel know before leaving the session so as to ensure they will not be alone.			
to yo patin tent p be he of ot	ms and Conditions Agreement: The terms and conditions stated herein will automatically be carried over our new sessions without the need for a new agreement to be signed and dated. Liability: I accept that particing in exercise has a risk of causing injury, both minor and potentially major. Exclusion of Liability: To the expermitted by law and while all reasonable care is taken, GESA Personal coaching and its Representatives cannot all responsible and excludes all liability however arising (including liability for negligence and the negligence hers) for direct, indirect or consequential loss, damage, injury, cost and expenses arising out of or connected my participation in this activity.			
I/We	(or player name if over 18yrs)			
Being	g the parent/guardian of (or NA for player if over 18yrs).			
herel	by agree to ALL Terms and Conditions as stated above.			
We a	lso authorize the officials of GESA (Gareth Edds Soccer Academy), in my absence and in the event of a medical emer-			
gency	y, to obtain medical treatment for my son/daughter by a legally qualified medical practitioner.			
Pare	ent/Guardian Name/s			
Pare	ent/Guardian Signature/s			
Play	ers Signature (over 18 only)			