Football IQ Academy
Registration Form & Medical Release

Welcome to Football IQ Academy. We are dedicated to providing all players with the highest quality of care and team experience through football participation. Players are treated with respect and given the opportunity to experience growth in the technical areas as well as interacting with others, teamwork and sportsmanship.

Our key goal is to create a positive environment that fosters improved self-confidence, self-discipline and self-esteem through experiences in football activities.

Academy's website: www.footballiqacademy.com
Email: info@footbaliqacademy.com
Location: Mt. St. Benedict Football Field (St. John's Rd), St. Augustine
Date/time: Saturday mornings (9am - 11am) / Thursdays (4pm -6 pm)
Coaches' Contact: Coach De Souza (743-2342) /Coach Cazabon (376-6400)

Registration Fees (Cash or Cheque):

- 1 day $400 per term / 2 days $650 per term
- Please make cheques payable to Football IQ Academy
- Fees are due on within the first 2 weeks of the term.
- LATE PAYMENT FEE ($75)

Please retain this portion of the form

Please complete and submit this form on the first day of training

PERSONAL INFORMATION:

Player's Name:		Session(s):	Saturday ☐ Thursday ☐ Saturday & Thursday ☐
Date of Birth: (dd/mm/yr)		Phone/Email Contact:	
School currently attending:		Previous playing experience:	

PARENT(S)/GUARDIAN CONTACT INFORMATION:

Father's Name:		Mother's Name:	
Mobile:		Mobile:	
Email:		Email:	
Guardian's Name:		Guardian's Contact: (Cell/Email)	

Medical Information:

Emergency Contact: *(if parents cannot be reached)*

Name:		Phone Contact:	

Any Medical *Conditions, Medications or Allergies?*

Parent/Guardian's Approval & Medical Release

Recognizing the possibility of physical injury associated with football and in consideration for the Football IQ Academy and affiliates accepting the registrant for its football programs and activities (the "Programmes"), I hereby release, discharge and/or otherwise indemnify the Football IQ Academy, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programmes against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programmes and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programmes. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Parent/Guardian: _____

Date:_____