

I the undersigned parent and legal guardian of _____
do hereby request that my son/daughter be registered with Qala St. Joseph F.C. Youth Nursery and unconditionally release the Qala St. Joseph FC. Youth Nursery and its officials from all and any responsibility in relation to injury, health failure, death and/or loss to their child or his/her property whilst the child is participating in any training, match or activity organized by the mentioned nursery.

I agree that my son/daughter is taken to a health centre or hospital in the event of an injury requiring immediate medical attention.

I give Qala St. Joseph F.C. Youth Nursery authorisation that my son/daughter could be part of any photos taken throughout the season and I find no objection for them to be placed on the club/nursery website.

Parent or guardian signature

ID card number

Date

Fee: €30



Qala Saint Joseph F.C. Youth Nursery
Gnien il-Familja,
Triq l-Imgarr, Qala
www.qalayouthnursery.webs.com



Qala St. Joseph F.C. YOUTH NURSERY

Application: Season 2009/2010

Player Detail

Name and surname _____

Address _____

Date of birth _____

Player mobile number (if any) _____

Name of previous nursery (if any) _____

Parents Detail

Father's name _____

Mother's name and maiden surname _____

Telephone number _____ Mobile number _____

Email address (if any) _____

Medical Detail

My son/daughter suffers from the following medical, physical conditions and allergies:

My son/daughter cannot be given the following medication:

