2021 BFA FULL TIME PROGRAM
REGISTRATION FORM

PLAYER DETAILS: _____ _____
First Name *Surname*

DATE OF BIRTH: _____ **FFA NUMBER:** _____

MEDICAL CONDITIONS: YES / NO
If yes, please provide details: _____

_____

PARENT DETAILS:

_____ _____ _____
Mother's Name *Mobile Number* *Email Address*

_____ _____ _____
Father's Name *Mobile Number* *Email Address*

HOME ADDRESS DETAILS:

Street Name_____

Suburb: _____ Postcode: _____

PROGRAM PRICE: $1,600

PAYMENT OPTIONS (Please select from the options below)

☐ **OPTION 1 – ONE SINGLE PAYMENT OF $1,600**

☐ **OPTION 2 – TWO INSTALMENTS:**

- $600 – Instalment #1 by 20 December 2020
- $1,000 – Instalment #2 by 15 January 2021

(Please tick the box below to confirm your acceptance)

☐ I am aware that if I don't complete Payment by the due date agreed, I could lose my spot.

Payment must be made via direct transfer into the following bank account:
Account Name: **Brazilian Football Academy** Bank: **St George** BSB: **112-879** Account No. **476415615**
Ensure that you include your child's name in the reference for the transfer.
PLEASE COMPLETE PAYMENT TRANSFER AT THE TIME OF REGISTRATION AND ATTACH TRANSACTION RECEIPT WITH YOUR COMPLETED FORM.

I am aware of my child participating in this football program. I acknowledge that risk of injury is inherent in sports such as football and that from time to time, there may be accidents and falls which may cause serious injury to the participant. I indemnify Gabriel Gomes in person and The Brazilian Football Academy against any claim for damages against them as a result of any injury to my child. I certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any pre-existing medical or psychological conditions. If attention is required for illness or injury, I give my permission to a staff member for such care. The Brazilian Football Academy may use images taken from the BFA Academy Events on the BFA Website. If you do not want your child included in marketing images, please advise the coaching director directly that you do not permit the use of these images.

Signature of Parent/Guardian..... Date.....

Gabriel Gomes is committed to child safety and holds a current Working with Children Check No. WWC0269286E

Please email completed registration form and transaction receipt to infosyd@bfafootball.com