



Application Form for the 2008 Mini Leagues

Please complete a separate application form for each player. Please use BLOCK CAPITAL LETTERS

Child's Name: _____

Address : _____

Home Tel No: E-Mail Address _____

Father's/Guardian Mobile No: -

Mother's/Guardian Mobile No: -

Please note that in providing us with your contact information, a manager/coach/official of the club may contact you by text or e-mail.

Child's Date of Birth:
DD/MM/YY

Please indicate your child's current team. Please state club if not MUAFC. If not playing state NONE

Current Team is Under _____ Section _____ Club _____

PLEASE INDICATE ANY DETAILS THAT THE MANAGER/COACH SHOULD KNOW OF:

Any medical condition (ie asthma, diabetics): _____

Any allergies or special needs: _____

Or need to take prescribed medication: _____

PLEASE TICK HERE IF YOU ARE INTERESTED IN MANAGING A TEAM DURING THE MINI LEAGUE WEEK.

ALL INFORMATION PROVIDED BY YOU WILL BE TREATED IN THE STRICTEST OF CONFIDENCE AND WILL ONLY BE PROVIDED TO OTHER MEMBERS OF THE CLUB ON A NEED TO KNOW BASIS.

SIGNED - PARENT OR GUARDIAN: _____ DATE _____

Fee paid € Cash Cheque

Receipt No

Cost is €20.00 per child.