



RAP-AID YOUTH FOOTBALL CLUB
New River Sports, White Hart Lane N22 5QW
Phone: 0208 885 6520
www.rap-aidyouthfc.co.uk
Email: u2us@rap-aidyouthfc.co.uk

RAP-AID 2017-2018 SEASON REGISTRATION

Dear Parents/Carers,

It's with great pleasure that I welcome you all to the new season. Please complete the players registration form and submit it with the documents listed below. Please be aware that your application forms will be deemed incomplete without the following documents:

- a. A copy of Birth Certificate or Passport.
- b. Two passport sized photographs.

The registration fee for all team members is £185, to be paid in full or two installments. If you wish to pay in installments, this can be done as follows: £135 paid at the time of form submission, and the remaining £50 to be paid within a month.

You can register online at: www.rap-aidyouthfc.co.uk or if you wish to pay by cheque, please make all cheques payable to "Rap-aid Youth F.C."

Subs of £30 standing order are payable a month in advance per athlete (Tuesday & Thursday session).

Please note: *In the interest of your children, our aim is to help teach and develop their football skills and techniques, and also to develop good attitudes when dealing with peers in a strict, fun, friendly learning environment.*

Please visit: www.rap-aidyouthfc.co.uk to read our code of conduct. You can also find out more about our program and follow us on Facebook: facebook.com/rapaidyouthfc

Yours sincerely,

Tim Aleshé

Tim Aleshé
Rap-Aid Youth F.C.
Founder



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REGISTRATION FORM

ATHLETE NAME: _____ DATE OF BIRTH: _____

PARENT NAME: _____ ETHNIC ORIGIN: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ MOBILE PHONE: _____

HOME ADDRESS: _____

EMERGENCY CONTACT (Name & Phone): _____

MEDICAL CONDITIONS: _____

EDUCATIONAL DETAILS

SCHOOL OF ATTENDANCE: _____ CURRENT YEAR: _____

HEAD TEACHER: _____ PE TEACHER: _____

MEMBERSHIP FEES

(Please tick one, registration will not be completed otherwise)

£135 Non-Refundable Deposit **£185 Full Membership Fee** **£50 Balance** *(to be paid 1 month after deposit)*

New season kits included in the full payment only

PARENTAL CONSENT

MEDICAL RELEASE AND ASSUMPTION OF RISK: (For any athlete participating in any Rap-Aid program) In consideration for Rap-Aid, acceptance of the applicant, and in consideration of the applicant's opportunity to improve skills through the use of the Rap-Aid staff, equipment and facilities in use, those legally responsible for the name enrolling student realize the risk of injury involved and hereby agree to assume the responsibility of such said athlete and further agree to save and hold harmless Rap-Aid, its employees, and all others concerned, and to indemnify them against loss, intending to be legally bound. I certify that the enrollee has no condition that prohibits full participation in the activities during Rap-Aid programs. I assume all risks while my child is enrolled and hereby release Rap-Aid, or any of its employees, for any injury or damage suffered in connection with the aforementioned, Rap-Aid, and its equipment. In case of emergency, if I cannot be reached, I authorize Rap-Aid, its agents and employees, to contact and secure necessary medical attention for my child.

I have read and fully understand and agree to the terms listed above. If the athlete/client is under 18, consent should be given by a parent or legal carer. I agree to observe and be bound by the Rap-Aid Youth F.C. Rules and The Regulations of The FA, and in all competitions in which Rap-Aid participates. I certified that I've read codes of conduct and will abide by it for the sake of my child's development.

 Parent Name (printed)

 Parent Signature

 Date