

# **JASON KEARTON GOALKEEPING**

## **2011 June/July School Holiday Goalkeeping Clinic**

### **APPLICATION FORM**

Goalkeepers Name:.....Date of Birth:.....

Address:.....

.....PostCode.....

Phone Number: (Home).....(Mobile).....

E-mailAddress:.....

T-Shirt Size: Small / Medium / Large / X-Large. Chest Measurement.....

Glove Size:.....

Current Team:.....

Present Goalkeeper Coach:.....

Past Goalkeeper Coaches:.....

Current (School / Uni / Job):.....

Any Representative Honours:.....

.....

Any Medical Conditions that I need to know about:.....

.....

How did you hear about this clinic:.....

.....

**I the undersigned, hereby certify that I am the parent / legal guardian of the above child. I hereby give permission for Jason Kearton and his staff, to seek / give the appropriate medical attention to the child in the event of an accident, illness or injury. I will also be responsible for all of the costs resulting from this medical attention and treatment. I understand that while every reasonable care will be taken, neither Jason Kearton nor any person working for him or participating in the clinic, will be responsible for any loss or injury suffered to the above child, however caused. I acknowledge that the child is physically and mentally fit, capable of participating in this clinic. I also consent to having the child's photograph and video footage of them, shown on Jason Kearton Goalkeeping Website / facebook page.**

**Signature: Parent / Guardian .....**