



Elite Pro Soccer Academy Player Contact & Medical Information

Club Name	Elite Pro Soccer Academy		Age	
Player's Full Name			D.O.B	
Player's Address				
			Postcode	
Home Tel No:				
Mobile No:				
Email Address:				
Medical History	Have you any medical conditions which could affect you playing football and which Elite Pro Soccer should know about. YES/NO (Please provide details)			
Booking Dates				
Asthma	If your child has Asthma and uses an inhaler, please label it clearly with the child's name and bring it to each session			
Doctors Name		Doctors Contact Number		
Playing Kit	Please wear appropriate clothing for all weather conditions, Shin pads must be worn at all times football boots optional			
Photography	EPSA at times may use pictures for social media purpose and promotions	Yes/No		
Parent/Guardian Signature		Date		

To Be Completed And Returned To Elite Pro Soccer Academy

I have checked the above details and certify that they are correct and that the signatories **have read The Elite Pro Soccer Academy CODES OF CONDUCT.**

Signed (Elite Pro Soccer)		Date	
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PLEASE CONFIRM YOUR BOOKING BY RETURNING THIS COMPLETED FORM TO: 59 JACKSONS LANE
GREAT CHESTERFORD SAFFRON WALDEN ESSEX CB10-1PT OR BOOK A SESSION BY EMAIL:
ELITEPROSOCCERACADEMY@GMAIL.COM OR TEL: 01799532039 – 07921564801 PLEASE MAKE CHEQUES
PAYABLE TO GLENN SULLIVAN OR CASH/CHEQUE PAYMENT ON DATE ATTENDING