



**REGISTRATION FORM –**

**FREE SEA MATHS & ENGLISH**

**FREE CXC MATHS & ENGLISH**

**1. PLAYER INFORMATION**

First Name \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School Attending \_\_\_\_\_

Class: \_\_\_\_\_ or Form: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile \_\_\_\_\_ e-mail \_\_\_\_\_ @ \_\_\_\_\_

What do you think your level of English is?

Poor \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Not Sure \_\_\_\_\_

What do you think your level of Maths is?

Poor \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Not Sure \_\_\_\_\_

**2. PARENT/ GURADIAN CONSENT**

Name of Parent/Guardian \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from Applicant) \_\_\_\_\_  
\_\_\_\_\_

Contact Phone: \_\_\_\_\_ email address: \_\_\_\_\_

**3. OTHER EMERGENCY CONTACT**

Name: \_\_\_\_\_ Contact # \_\_\_\_\_ Relationship \_\_\_\_\_

**4. MEDICAL INFO:**

Allergies (if any) \_\_\_\_\_ Other Medical Condition: \_\_\_\_\_

**COURSE DETAILS AND CONDITIONS**

Lessons are held on Saturday mornings during the hours (8 a.m. – 9.30 a.m.) **for SEA Students** and during the hour (9.30am – 11 a.m.) **for CSEC Students** under the following conditions:

- a) Student must be a player registered as a member Waterloo Institute of Soccer Players
- b) Student must not be absent from classes without a written excuse signed by the student's Parent or Guardian listed on the application
- c) Student must adhere to the regulations of the School regarding littering, defacing and damaging the school property
- d) Student must adhere to the Waterloo Institute of Soccer Players Code of Conduct .
- e) Any student in breach of the above conditions { a) to d) } will suspended/terminated from the Lessons and his/her Parent/Guardian will informed accordingly

Certified that the above information is true and correct with the understanding of the Course details and conditions:

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE: \_\_\_\_\_