



## TRAINING CAMP ENROLMENT FORM

Hand to Michael Dracos or Send to -  
22 Miriam Close, Wheelers Hill, 3150.

Cheques payable to **MAD ATHLETES**

**\*FEES ARE REQUIRED WITH ENROLMENT FORM.**

(FEES WILL BE RETURNED TO UNSUCCESSFUL APPLICANTS)

### FAMILY DETAILS

SURNAME: \_\_\_\_\_ PARENT NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### STUDENT INFORMATION

Given Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Competition Grade: \_\_\_\_\_ Type of Program: **Training Camp**

Any allergies/serious illnesses/medicines currently using, etc:

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- ? I understand and agree to make full payment of the required coaching fees.
- ? I also understand that any student that cannot make the day for any reason will not receive a refund.
- ? Whilst Mad Athletes will ensure complete safety of all students, they will not be liable for any injury/misfortune that occurs during the camp.
- ? Any student that is acting beyond an acceptable behavior will have their parents called and will leave the camp at that stage with no refund.

I understand that my details will be kept for internal use only and not given to anyone for other purposes.

**Signed Parent:** \_\_\_\_\_ Date: \_\_\_\_\_