



ACCENTURE RAISING STARS JUNIOR LEAGUE

PRO-TRAINING SUMMER SOCCER CAMP

REGISTRATION FORM

PLAYER BIO DATA

Name:.....

Date of Birth:.....

Position:.....

Gender:.....

School/Club:.....

Date of Registration:.....

Name of Parent:..... Tel No.

Medical Condition/Allergies.....

PARENTAL CONSENT

I, the Parent/Guardian of the above named child agree that the registrant and I will abide by the rules and regulations of the Raising Stars Soccer Summer Camp, recognising the possibilities of physical injury associated with playing football. I hereby indemnify the organiser; Express Soccer Academy, Hillcrest Prep. School and its facilities used for this program against any claims by or on behalf of the undersigned individual as a result of their participation in the camp.

Name..... Signature..... Date.....

PAYMENT ACCOUNT DETAILS

a)DTB

T. Mall Branch, Nairobi

Account Name: Express Soccer Academy

Account No: 0034250001

Bank Code: 630178

NOTE: Kindly indicate the name of the player and the category.

For more information and early booking contact:
0720094049
0724645825
0740072901

b)Mpesa

Paybill No: 324921

Account No: indicate the name of the child, and category followed by the word 'camp'. eg John U9 camp

Organised by:

