



## JUNIOR ELITE SOCCER ACADEMY

111 North Bridge Road, #05-32

Singapore 179098

Tel: 90081076 / 98584671

Official Website: [www.jesa.com.sg](http://www.jesa.com.sg)

Email: [kanansoccer@yahoo.com](mailto:kanansoccer@yahoo.com)

Please paste a recent  
passport-sized colour  
photograph of your  
child

### REGISTRATION FORM

#### 1. CHILD'S PARTICULARS

Name: \_\_\_\_\_ IC/BC No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ S( )

Name of School: \_\_\_\_\_ Gender: Male / Female

Apparel Size : \_\_\_\_\_

#### 2. CHILD'S MEDICAL HISTORY

Does your child suffer from any allergy?

If yes, please specify \_\_\_\_\_

Does your child have a medical history of illness / disease?

If yes, please specify \_\_\_\_\_

#### 3. PARENT'S/GUARDIAN'S PARTICULARS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Pager/HP): \_\_\_\_\_

Email: \_\_\_\_\_ :

I (parent's/guardian's name) \_\_\_\_\_, of NRIC: \_\_\_\_\_

agree to my child's/ward's (mentioned above) participation in the Junior Elite Soccer Academy program. I will not hold the Academy's Management, staff, coaches, liable for any death, disability, permanent injury, loss of property or any other loss/damage arising from his/her participation in the activities related to our Academy.

Signature ..... Date .....

#### OFFICIAL USE ONLY

Payment Mode: Cash / Cheque Amount: \_\_\_\_\_

\_\_\_\_\_ Receipt No: \_\_\_\_\_

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

*For cheque payments, please make cheque payable to "Junior Elite Soccer Academy"*