



DREAMLAND FOOTBALL ACADEMY

Official Partner of Grupo Academico Juventude Alcochete – Portugal
CS Blue Angels Cristian – Brasov & CS Negrea Resita – Romania



REGISTRATION FORM

PARENT INFORMATION

Parent/Guardian Name: _____

Contact Address: _____

Affix 4
Passport
Photograph

Telephone: _____ Relationship to Student _____

Please briefly explain what you hope your child will accomplish with Dreamland Football Academy.

STUDENT INFORMATION

Name: _____
Surname First Middle

Contact Address: _____

Telephone No: _____ Email: _____

Date of Birth: ____/____/____ Age: ____ Gender: Male Female
dd mm yyyy

Int'l Passport No. (if any): _____ Issuing Date: _____ Expiry Date: _____

Present Weight: _____ Present Height: _____

Present School/Club: _____

State of Origin: _____ LGA: _____ Nationality: _____

Academic Status: I have completed SSCE I'm still in Sec. Sch. (What Class? _____)

Soccer position(s): Striker Mid-fielder, Defender Goalkeeper

Please indicate any medical condition (i.e. Allergies, Asthma, Illness, previous injuries, etc) or any "special instruction" here _____

Briefly explain what you hope to accomplish with Dreamland Football Academy _____

How did you hear about DFA? _____

What do you think are your present weaknesses? _____
(Speed, skills, shooting ability, heading, passes, control etc)

PARENTS/GUARDIAN AGREEMENT

As a parent/legal guardian of the applicant/student, I hereby give permission for my child to join/participate in the Dreamland Football Academy and/or programme and agree to comply with all the programme regulations. I hereby exonerate the camp, staff, management and Dreamland Football Academy from any loss, and all liability from injuries during my child's participation in the soccer school. I do hereby state that my child is medically qualified to attend the Dreamland Football Academy. I do hereby authorize Dreamland Football Academy to act for me according to their best judgment in any emergency requiring medical attention. I authorize the use of photo/video taken of my child during this programme for Dreamland Football Academy materials. I agree that upon huge investment of Dreamland Football Academy in my son/ward football and academic development that he will not be involved in any form of registration with another club/academy without a written clearance from Dreamland Football Academy.

I also understand and agree that if my child violates any of the Camp rules and regulations that he may be sent home early at my expense or be punished/penalize in the best judgment of the Academy

Parent/Guardian Signature_____Date:_____

STUDENT'S/PLAYER'S RESPONSIBILITIES

As a registered student of Dreamland Football Academy, I accept that I am responsible for: The accuracy of the above information. Attention to my academic progress at school. The payment of my fees as at when due. Regular training attendance. Wearing of camp/school Uniform and ID card as required. Attention to the teachers and coaches. Not be involved in any form of registration with another club/academy without a clearance from Dreamland Football Academy. Excellent discipline and behaviour at all times. Maintain a maximum level of safety and security. Be an Ambassador of Dreamland Football Academy.

I understand that if I violate any of the camp rules and regulations, Dreamland Football Academy reserves the right to send me home early at my own or my Parent's/Guardian's expenses or be punished/penalize in the best judgment of Dreamland Football Academy.

Student/Player's Signature_____Date:_____

Please return the completed form and Bank Teller to the Management upon resumption:

Dreamland Football Academy
Opp. NDDC Abia State Project Office
Oke-Ikpe, Ukwu West LGA, Abia State, Nigeria
(Off Obehie Junction Aba – Port Harcourt Express Way)
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info@dreamlandfa.com
Website: www.dreamlandfa.com