

REGISTRATION FORM



Easter Camp 2021

April 7 – April 10/11

at YMCA of HKCC

Chung Yat Street, Tung Chung

REF: [staff use only]

Student Information

First Name _____

Last Name _____

Date of Birth _____ Gender _____

Please indicate if your child has any medical/physical conditions or allergies.

Parent or Guardian Information

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Home Address _____

Class Information (Please check 2 boxes 1. Course & 2. Fee with/without uniform +\$300)*

Apr 7,8,9 (14:30-15:30) 11 (15:30-16:30)	Age 2-4	<input type="checkbox"/>	YMCA of HKCC (Tung Chung)
Apr 7,8,9 (15:00-16:00) 11 (14:30-15:30)	Age 5-7	<input type="checkbox"/>	
Apr 7,8,9,(15:00-16:30) 10 (16:00-17:30)	Age 8-12	<input type="checkbox"/>	<input type="checkbox"/> ² HK\$1000/4 sessions <input type="checkbox"/> HK\$1300 (+uniform)*

REGISTRATION FORM

Payment Methods & Makeup Class Policy

1. Payments can be made by cheque, bank transfer/deposit, or by cash. Make sure that your cheque is payable to **United FA Limited**. For bank transfers or deposit, please bank-in to **UNITED FA LIMITED (HSBC) 741-319321-838**. The bank-in slip with student name and contact number must be emailed/given to us. Please approach Coach Sam for cheque or cash payments.
2. *An additional \$300 will be added to the course fee for new members for the purchase of uniforms.
3. Completed forms can be returned in person or emailed to **unitedfa.hk@gmail.com**.
4. In case of absence due to sickness, a doctor's note must be provided for a makeup class to be arranged. Makeup classes will not be approved for other reasons of absence, and cannot be carried to a future term.

Waiver

I hereby declare that my child _____, is in good health and has my permission to participate in this class. I will not hold United Football Academy, its Director or its coaches responsible for any injury, sickness or property loss of any kind which may have resulted through the participation in its classes. I grant permission for any photographs or videos taken of my child in the classes to be used for future promotional purposes. For more details on our general terms of use and privacy policy, please visit www.unitedfa.net.

Parent / Guardian Signature: _____

Date: _____

For United Football Academy office use only

Payment Method:	Cheque/Ref No.:	Date:	Amount:
-----------------	-----------------	-------	---------