



CITY CHOICE FOOTBALL ACADEMY(MBOMBELA)

Address: Stand no 2369, Kabokweni, Mpumalanga

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Contact: 079 721 1480

Reg No. 2022 1 473233 f 08

2025

REGISTRATION FORM

New Player: ☐ Returning Player: ☐ DIV.....

1. PARENT INFORMATION:

Parent/Guardian Name:

Contact Address:

Telephone:Relationship to Student:

2. STUDENT INFORMATION:

Name:

(Surname)

(First)

(Middle)

Contact Address:

Telephone:Email:

Date of Birth:/...../..... Age:Gender:

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

Present weight:Present Height:

Academic status:..... Current Grade:

Soccer Position: Striker ☐ Mid Fielder ☐ Defender ☐ Goalkeeper ☐

Please indicate any medical condition (ie Allergies, Asthma, Illness, previous injuries, etc)

Any "special instruction" here.....

Briefly explain what you hope to accomplish with City Choice Football Academy

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3. PARENT/GUARDIAN AGREEMENT

As a parent/legal guardian of the student, I hereby give permission for my child to participate in the City Choice Football Academy and agree to comply with all academic regulations. I do hereby authorize City Choice Football Academy to act for me according to their best judgement in any emergency requiring medical attention. I authorize the use of photo/video taken of my child during the program.

I also understand and agree that if my child violates any of the academy rules and regulations that he be sent home early at my expense or being penalized in the best judgement of the academy

Parent/Legal Guardian signature:Date:

4. STUDENT RESPONSIBILITIES

As a registered student of City Choice 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. Excellent discipline and behavior at all times.

I understand that if I violate any of the academic rules and regulations, City Choice Academy reserves to send me home early at my own or my parent/guardian expenses or be penalized/punished in the best judgement of City Choice Football Academy

Student/Player's signature:Date:

Please return the completed form and bank teller to the Management upon resumption.