



**RE-ENROLMENT:** Please tick if your details are unchanged since last term and simply fill in your child's name and don't forget to sign at the bottom

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Centre Location: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ (Refer to your flyer or email for cost)

Add Shirt & Shorts \$40:     **Shirt** - 3XS, XXS, XS, S, M, L     **Shorts** - 3XS, XXS, XS, S, M, L

**Weekend Centre:**    Mite 2-3Yrs        Pint Size 4-5Yrs    Intro to Micro 5-6Yrs  
                                    Micro 6-12Yrs    Holiday Clinic

**Week Days:**        After School 4-12Yrs

**Where did you hear about Grasshopper Soccer?**

- School Flier       Website            Social Media       Word of Mouth
- Letterbox Drop    Newspaper        Search Engine      Shopping Centre
- School Fair        Road Sign        Other: \_\_\_\_\_

**Payment Options Please Circle:**     **CASH**     **CREDIT CARD**     **DIRECT DEPOSIT**

**Cash:**                   Please let us know if you would like to pay cash.

**Credit Card:**       **Name on Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_ **CCV:** \_\_\_\_\_

**Direct Deposit:**     **Account Name:** Grasshopper Soccer North Coast Perth

**BSB:** 06 6160       **Account Number:** 1096 1628

Please tick if you would like a copy of your receipt.

**Parent/Guardian Consent:** I hereby authorise Grasshopper Soccer to act on my behalf should my child require medical attention and release Grasshopper Soccer from any liability for injury incurred by my child at Grasshopper Soccer programs.

**GRASSHOPPER SOCCER HAS A NO REFUND POLICY HOWEVER A CREDIT CAN BE ORGANISED**

Please tick if you do not wish to use your child's photo on our Facebook Page

**Parent/Guardian Signature:** \_\_\_\_\_