



Application Form

- Lincoln First Kicks: Monday**
- Sleaford Soccer Academy: Tuesday**
- Lincoln First Kicks: Wednesday**
- Lincoln Soccer Academy: Thursday**
- Lincoln Soccer Academy: Friday**

Please tick the appropriate academy and return the completed form to the address below.

For ages 4-13 years

Dean A Walling c/o Deano's Pro Soccer Academy Ltd

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Email: soccer.academy@ntlworld.com – **Website:** www.deanosprosoccer.com

Name: _____ **Age:** _____

Address: _____

Telephone: _____ **Mobile:** _____

Medical Problems: _____

Email: _____ **School:** _____

I wish my child to take part in **Deano's Pro Soccer Academy** and I understand that **Deano's Pro Soccer Academy**, its coaches and employees are not under any liability in respect of personal injury, loss or damage, however caused whilst attending **Deano's Pro Soccer Academy**.

PLEASE PRINT AND COMPLETE

Signed: _____ **Date:** _____

Parent or Guardian