





ENROL ONLINE AT ROARACTIVE.COM.AU or return completed forms to: E: rap@brisbaneroar.com.au
P: Brisbane Roar FC, Locked Bag 253 Browns Plains BC QLD 4118

PLEASE DON'T LEAVE ANY FORMS IN THE SCHOOL OFFICE

THE ROAR ACTIVE PROGRAM:	REGISTRATION FOR:	PAYMENT DETAILS:
		Credit card:
		Mastercard Visa
↔		Card number:
Venue:	Your child's details:	Expiry date: CCV:
Dates:	Full name:	Expiry date: CCV:
Times:	Date of birth: Age:	Cheque/money order: Please make payable to Roar Recreation and Welfare Limited and attach to this
Age or Grade:	School Grade:	registration form.
	Home phone:	Cheque No: Amount:
Cost:	Mobile:	Amount
THE BRISBANE ROAR PROGRAM IS FOR	Email:	Parent/guardian disclaimer:
ENTHUSIASTIC PLAYERS LOOKING TO	Address:	I certify that my child enrolled here on is in excellent health and may participate in strenous physical activities including soccer. I agree to defend and hold
IMPROVE THEIR GAME!	Postcode:	Brisbane Roar FC, its servants, agents and/or employees and contractors harmless from any and all claims for injuries that may be sustained by my child
We offer highly skilled coaches and a	Medical Conditions:	during his or her participation in the camp. Permission is hereby granted to Brisbane Roar FC to use pictures of the participants in any promotional materials. Permission is granted for my child to receive emergency medical
structured program that caters to a variety of age groups and skill levels. Get in early to		treatment, if needed, and I certify that there are no limits to my child's participation except as stated in writing and included with this application.
avoid missing out as numbers are limited.		Acceptance:
For enquiries please contact:	Emergency contact details:	Parent/guardian name:
ORTGOATE	Name:	Signature: Date:
P: E:	Number:	Roar Recreation & Welfare Limited are a non-for-profit organisation delivering football clinics for Brisbane Roar Football Club. All monies go back in to local community football development and the Roar Active Program.