



Mellieħa S.C. Football Nursery

Mellieħa Sports Complex

Vinçenzo Ciappara Street

Mellieħa MLH 1760



AJAX ONLINE ACADEMY®

In partnership with Ajax Online Academy

Registration Form Season: 20__/20__

Registration No. _____

Applicant's Name & Surname: _____

ID No. _____ Sex: _____ Date of Birth: _____

Father's Name _____ Father's ID No.: _____

Mother's Name _____ Mother's ID No.: _____

Current Address: _____

Telephone No.: _____ Mobile Nos.: _____

Email: _____

The MSC Football Nursery cannot accept applications from children who have been previously registered with another nursery without having first obtained the required release from that nursery.

I the undersigned, parent or legal guardian of the above applicant, do hereby request that my son/daughter be registered with the Mellieħa SC Football Nursery. I accept that the information given on behalf of our son/daughter may be used by the nursery, as well as given to third parties in connection with the work and direction of the Nursery for any legitimate purpose, in accordance with the Data Protection Act 2001. I also give my consent for any photographic material of my son/daughter to be used by the Mellieħa SC Football Nursery on its social media, website and Annual Magazine.

Signature: _____

Parent/Legal Guardian

Signature: _____

Player

Date: _____

Original Birth Certificate

Four Photos

Medical Certificate

T. 21525845

W. www.melliehascfn.org

FB. www.facebook.com/melliehanursery W. www.melliehascfn.org

E. melliehasfootballnursery@gmail.com