



## **IOMFA CENTRE OF EXCELLENCE ENROLMENT FORM**

First Name:.....Date of Birth:...../...../.....

Surname:.....Male / Female:.....

Address:.....

.....**Post Code:**.....

Tel: (Day).....Tel:(Eve).....

Parents E-mail address:.....

Do you have any medical condition? (Please specify)

.....  
.....  
.....

Photographs and filming of your child maybe taken during their coaching sessions and trips, please sign below as an agreement that photographs and films can be used for media purposes which will include the isleofmanfa.com website.

Parent/Guardian.....Date:...../...../.....

Print Name: .....

**Please return to IOMFA Development Officer on 613750,  
Isle of Man FA, The Bowl, Douglas, IM21AD**