



AS.ROMA
ACADEMY
ABUJA

ADMISSIONS APPLICATION FORM

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Level of Education (Primary,Secondary,University)

Sex: _____ Email: _____

School: _____

Please select all that apply

☐

Forward

☐

Midfielder

☐

Defender

☐

Goal Keeper

Category:

U5 ☐

U8 ☐

U11 ☐

U13 ☐

U15 ☐

U17 ☐

U19 ☐

Name of Parent/Guardian: _____

Home Phone: _____ T-Shirt Size XS ☐ S ☐ M ☐ L ☐ XL ☐

Terms and Conditions:

- The parents must ensure the participant is healthy and physically fit, able to participate in sports activities.
 - Accordingly, you accept all risk resulting from participating in AS. Roma Academy, Training and matches.
 - The Club\Academy is not responsible for any accidental injury, loss, damage or death during or after the activity.
 - The cost of damage cause by the participant in AS. Roma Academy will be passed onto the parents or care giver
 - All courses, activities and training can be changed prior to notice.
 - You agree to grant AS. Roma and the academy the right without a composition to use the participants name, photographs, video or likeness for our commercial and media purposes such as our website, newspaper ads and social media
 - All participant should be required to submit their passport plus 1 passport sized photo.
 - AS. Roma Academy does not bear any responsibility for any child outside of the filed after or before the training time
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- The payment can be done by CREDIT CARD, CHEQUE AND/OR BANK TRANSFER

Payments and Refunds:

- The payment can be done by CREDIT CARD, CHEQUE AND/OR BANK TRANSFER
- Any registration will be valid and confirmed only after payment
- In case the participant cannot attend the training for any personal reason, the missing session will not be made up and the payment are not refundable
- The parents are NOT ALLOWED TO STAY ON THE PITCH during the activities

Parent Signature

Date

Play and learn in AS.ROMA style



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HOW TO REGISTER

Complete the Registration Form, you may fill it online or print it manually and filled in BLOCK LETTERS.

PRINT, & SIGN once you finish completing the registration form.

PAY the initial deposit

A deposit of **#1,000,000 or \$1,500** is requested to confirm the registration. This amount will be deducted from the final estimated fees on the invoice.

SEND us the Registration Form and Initial Deposit's receipt.

The Registration Form and copy of the Initial Deposit's receipt must be sent to us via **email: abujaacademy@asroma.it**

FINAL PAYMENT

The final payment must be sent within 30 days of the start of the term by bank transfer to:

AS Roma Academy Abuja
Zenith Bank Plc
1217552076.

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