



Soccer School

REGISTRATION FORM

PARTICIPANT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Gender: Boy Girl Date of birth: _____ Current Age: _____

Weight: _____ Height: _____

School: _____

Number of sessions per week: _____

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Start Date: 1 November 2019

Home address: _____

District: _____ Ward: _____ Street: _____

House No: _____ Nearby Landmark: _____

PARENT/ GUARDIAN INFORMATION

Name of Parent/ Guardian: _____

Relationship: _____

Mobile No: _____ Email: _____

Person's authorized to pick up child: _____

Emergency contact: _____ Relationship: _____

Specify any of your child's health problems: _____



Is your child on any medication? No / Yes If so, please specify: _____

Payment Module

Item	Amount (Tshs)	Modality of Payment
Registration	50,000	Paid at the beginning
Full kit	100,000 (two pairs of jersey)	paid once at the start and when worn out
Monthly payment	150,000	Monthly, quarterly, semi-annually or annually.

Mode of payment: (i) Cash (ii) Tigo Lipa Namba 0719291448

PARENT/ GUARDIAN DECLARATION

- I hereby give permission to **Afrisoccer Consulting Ltd** to photograph and/or videotape the child for educational or promotional purposes.
- I hereby state that (child's name) _____ is in good mental and physical health condition to participate in the soccer training provided by **Afrisoccer Consulting Ltd**. I am fully aware that such training creates the possibility of serious injury. I hereby release **Afrisoccer Consulting Ltd, its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Afrisoccer Consulting Ltd**, including any event sponsored or sanctioned by **Afrisoccer Consulting Ltd** and or travel to and from such activities.
- I understand that **Afrisoccer Consulting Ltd** has the right to deny admittance to any child not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior etc.) or becomes involved in any activity or with any persons not associated with **Afrisoccer Consulting Ltd**, or its scheduled program and that **Afrisoccer Consulting Ltd** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____



FOR OFFICE USE ONLY

Child admitted/ denied: _____

Checklist: Birth certificate/passport:

Photo:

Fees dully paid:

For Afrisoccer:

Name: _____

Signature: _____

Position: _____

Date: _____