

F O O T B A L L

KDS REGISTRATION DETAILS

KIDS DETAILS, CONSENT, AUTHORISATION & HEALTH DECLARATION FORM

For ADSS 2024, parents are required to complete the General info, Authorisation, Consent & the Health Declaration Form for admission. This form will be part of your medical records as a kid registered in our camp and will be treated with utmost confidentiality.

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| --- | --- |
| **Kids Details** |  |
| Kid Full Name |  |
| Date of Birth |  |
| Gender |  |
| City & Home Address |  |
| Preferred Language |  |
| **Parent Guardian Details** |  |
| 1st Parent Guardian full name |  |
| Relationship |  |
| Phone number |  |
| Email address |  |
| 2nd parent Guardian Full name |  |
| Phone number |  |
| **Emergency Contact Details** |  |
| Name of Emergency Contact |  |
| Relationship |  |
| Phone number 1 |  |
| Alternative Phone number 2 |  |
| **Pick Up & Drop Authorization** |  |
| List of individuals authorized to pick up your child |  |
| Name 1 |  |
| Number |  |
| Name 2 |  |
| Number |  |

|  |  |
| --- | --- |
| **Authorizations & Consent** | **Signature** |
| **Medical Release**  I authorise the camp staff to seek Medical treatment for my child in case of an emergency. | 1st July - onwards |
| **Photo Release**  I grant permission for my childs photograph to be used in camp promotional materials or social media coverage of the event. |
| **Activity Consent**  i give permession for my child to participate in all camp activities. |

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Taking part in physical activity/exercise is very safe for most people. However, some people should check with their doctor before they start an exercise sessions. Before taking part in physical activity and/or exercise, please answer the questions below. If you are between the ages of 4 and 15, the questionnere will tell you if you should check with your doctor before you start.

MEDICAL HISTORY CONDITIONS

Please read the questions carefully and answer each one honestly, Have you ever had or do you have any of the following? Check EACH item YES or NO. If YES, please give details.

|  |  |
| --- | --- |
| 1. Do you suffer from any medical conditions the Camp Operator & ADSS should be aware of? | Yes / No |
| 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity/exercise recommended by a doctor? | Yes / No |
| 1. Do you feel pain in your chest at any point in time? | Yes / No |
| 1. Do you lose your balance because of dizziness or do you ever lose consciousness? | Yes / No |
| 1. Do you have a bone or joint problem? | Yes / No |
| 1. Do you suffer from any of the following: hypertension, asthma; diabetes; epilepsy; high blood pressure,fainting episodes, breathlessness, fast heart beat, Kidney disease, autoimmune disease, liver disease? (if so, please give details) | Yes / No |
| 1. Do you have any current injuries or conditions, and if so, are they being treated by a doctor or other health professional such as a physiotherapist? (if so, please give details) | Yes / No |
| 1. Do you know of any other reason why you should not do physical activity/ exercise? | Yes / No |

 ANSWER THE FOLLOWING QUESTIONS BRIEFLY.

Describe any other important health-related information about you.(for example: hospitalizations, health concerns requiring special treatment/diet, etc.

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List all prescriptions and over-the-counter medications you are currently taking.

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Do you have any immediate health concerns that you think may affect your performance? Please specify.

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If you answered YES to any of the questions above, please check with a member of staff before taking part in the physical activity or exercise session. It may be necessary for you to be referred to your doctor before taking part in the session.

If there are any updates at any point in time to the responses provided above kindly update the academy via an email at the earliest at [**info@atomicsfootball.com**](mailto:info@atomicsfootball.com)

DECLARATION AND DATA SUBJECT CONSENT FORM

I declare that I have read, understood, and answered honestly all the questions above. I have fully disclosed all medical conditions & information as a player at the camp. I am agreeing to participate in the exercise sessions (which may include aerobic, resistance, power and stretching exercises) and understand that there may be risks associated with physical activity.

I also understand that ADSS & Atomics Academy will not be liable to any untoward incident that may arise due to exercise.

Name and Signature of Player \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks for choosing ADSS operated by Atomics as your ultimate destination for your kids summer activity. The coaching team truly looks after your wellnbeing and enjoyment and we look forward to work with you.

Please feel free to call me if you have can any question or remarks.

Whats brings us togather is passion and Love of what we all do.

Atomics

C. Firas Khalil



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