

CONSENT FORM FOR MINOR'S PARTICIPATION IN FOOTBALL CLINIC

I, hereby grant permission for my child, to participate in the football clinic herein referred to as "Little Stars Clinic" organized by LITTLE STARS FOOTBALL ACADEMY from 17th to 22nd April, 2025, at Ranchers Bees, Kaduna.

I acknowledge that participating in the Clinic involves risks of physical injury, and I release and no liability of LITTLE STARS FOOTBALL ACADEMY, its officers, directors, employees, agents, and volunteers from any and all damages or injuries my child may suffer as a result of participating in the Clinic.

I understand that it is my responsibility to ensure that my child is physically fit and able to participate in the Clinic. I also understand that it is my responsibility to inform the Clinic organizers of any medical conditions or allergies that may affect my child's participation in the Clinic.

I grant permission for the Clinic organizers to provide emergency medical treatment to my child if necessary.

I have read and understood the terms and conditions of this Consent Form and I hereby execute it voluntarily.

Signature of Guardian: _____

Date: _____

Name of Guardian: _____