

# KINGS OF CENTURION FOOTBALL ACADEMY REGISTRATION FORM

IMPORTANT NOTICE: This indemnity form must be completed and signed by the parent or legal guardian of the child participating in football lessons at **Kings of Centurion Football Academy**. This form is necessary for the protection of the academy, its staff, and all involved parties. By signing this document, you acknowledge and accept the terms and conditions outlined below.

## 1. Child's Details

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Kit Size: \_\_\_\_\_ Name On Kit: \_\_\_\_\_

Gender (Please tick):  Male  Female

Home Address:

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Medical Conditions/Allergies (if any): \_\_\_\_\_

## 2. Parent/Guardian Details

Full Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 3. Emergency Contact Details

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## 4. Medical Information

Medical Aid Provider: \_\_\_\_\_

Medical Aid Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Physician's Contact Number: \_\_\_\_\_

### **5. Medical Conditions & Allergies**

Does your child suffer from any of the following? (Please tick relevant boxes)

Asthma

Epilepsy

Diabetes

Heart Condition

Allergies (please specify) \_\_\_\_\_ Any other

medical condition (please specify): \_\_\_\_\_

Does your child take any regular medication? (Please specify):

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Please indicate if your child will require any medication during the football lessons and provide the necessary instructions:

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### **6. Risk Acknowledgement and Indemnity:**

I, the undersigned, hereby acknowledge that I am aware of the inherent risks involved in physical activities such as football, including but not limited to the risk of injury, bodily harm, death, or damage to personal property. I further acknowledge that my child's participation in these activities is voluntary and undertaken at their own risk.

I agree to indemnify and hold harmless **Kings of Centurion Football Academy**, its owner, directors, employees, agents, instructors, and representatives (hereinafter referred to as "**KINGS OF CENTURION FOOTBALL ACADEMY**") from any and all liability, claims, damages, injuries, and expenses arising out of or in connection with my child's participation in football lessons, including, but not limited to, any injuries, death, loss, or damage to personal property.

I understand and agree that:

**KINGS OF CENTURIONFOOTBALL ACADEMY** is not liable for any loss, damage, or injury sustained by my child, whether during the lessons or any related activities, including transportation to and from the lessons.

**KINGS OF CENTURIONFOOTBALL ACADEMY** has the right to take appropriate action in case of emergency, including seeking medical treatment or care for my child at my own expense, should the need arise.

**KINGS OF CENTURION FOOTBALL ACADEMY** shall not be responsible for the loss or damage to personal items, including clothing, equipment, or any other personal belongings.

I will provide accurate and updated information regarding my child's health, allergies, medical conditions, and any special requirements that may affect their participation in the lessons.

#### **7. Consent for Medical Treatment:**

In the event that my child requires medical attention during football lessons, I hereby give consent for **KINGS OF CENTURION FOOTBALL ACADEMY** or its staff to seek and authorize any emergency medical treatment that may be necessary. I understand that I will be responsible for any costs related to such medical treatment.

#### **8. Data Protection:**

I consent to the collection and processing of my child's personal and medical information by **KINGS OF CENTURION FOOTBALL ACADEMY** for the purposes of ensuring their safety and well-being during football lessons. I understand that this information will be kept confidential and will not be shared with any third party without my consent, except where required by law.

**9. Photography and Video Consent:**

I give permission for my child to be photographed or filmed during football lessons, and for these images or videos to be used by **KINGS OF CENTURION FOOTBALL ACADEMY** for marketing or promotional purposes, including on social media platforms and the school's website.

- Yes, I consent.
- No, I do not consent.

I, the undersigned, confirm that all information provided in this form is accurate and complete to the best of my knowledge. I understand that by signing this indemnity form, I am agreeing to the terms and conditions set out herein and I am voluntarily assuming the risks associated with my child's participation in the activities organized by **KINGS OF CENTURION FOOTBALL ACADEMY**.

This indemnity form is a legally binding document. Please read it carefully before signing.

**Agreement**

By signing this registration form, I, the undersigned, confirm the following:

1. I agree to pay a **nonrefundable deposit of R300** upon registration.
  2. I agree to pay the monthly fee of **R500**, which is due at the start of each calendar month.
  3. I understand that **one calendar month's written notice** must be provided if I wish to cancel the contract.
11. I have read and agree to the terms outlined in the indemnity form.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_