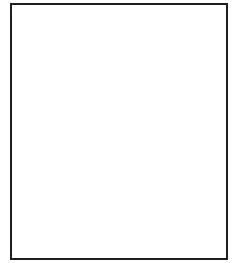


MUMWE FOOTBALL ACADEMY



REGISTRATION FORM

PARTICIPANT INFORMATION

Sur Name: _____ First Name: _____

Gender: Female Male Date of Birth: _____

School: _____

Grade attended: _____ Nationality: _____

Home address: _____

City: _____

Country: _____ Telephone: _____

Parent's email: _____

Mother's name: _____ Father's name: _____

Mother's phone number: _____ Father's phone number: _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

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

PARENT OR GUARDIAN'S SIGNATURE _____ DATE _____

I hereby give permission to **Mumwe football academy**, to photograph and/or videotape the athlete for educational or promotional purposes.

PARENT STATEMENT

I hereby confirm that is in good mental and physical health and is fit to participate in the activities provided by MFA. I understand that activities involving movement, heights, or athletics may carry a risk of injury. I release MFA, its employees, and staff from any liability for injuries or damages to my child or their property while on MFA premises, during MFA-sponsored events, or while traveling to and from such activities.

I acknowledge that MFA has the right to deny admission to students who do not meet its standards. I also agree not to hold MFA or its staff responsible if my child behaves inappropriately (e.g., disruptive or unsafe conduct) or engages in activities or with individuals not connected to MFA or its program. I understand that MFA may remove my child from training for such behavior.

I confirm that all the information provided in this application is accurate to the best of my knowledge. I have read and agree to the policies and fee requirements of MFA.

Parent Signature_____

Date_____