



REGISTRATION FORM

This application is to enroll a child in Alveda Football Club. All parts of this form must be properly completed.

A. PLAYER INFORMATION

Full Name: _____

Gender: Male Female

Age: _____ Date of Birth

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Home Address: _____

City: _____

Postal Code: _____

Contact Number: _____

Email Address (if applicable): _____

School Name: _____

Grade: _____

B. PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship to Player: _____

Contact Number: _____

Alternative Contact Number: _____

Email Address: _____

C. MEDICAL AID DETAILS

Medical Aid Provider: _____

Medical Aid Number: _____

Primary Member Name: _____

Primary Member ID: _____

Family Doctor Name: _____

Doctor's Contact Number: _____



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Any Allergies or Medical Conditions: Yes No

▪ If yes, please specify: _____

Emergency Contact (if different from parent/guardian):

Name: _____

Relationship: _____

Contact Number: _____

CONSENT & DECLARATION

I, the undersigned, as the player/parent/guardian of the registered player, hereby:

1. Acknowledge that participation in the soccer development program involves physical activity and potential risks.
2. Confirm that all medical aid details provided are accurate and up to date.
3. Authorize the soccer development program staff to seek emergency medical treatment for my child if necessary.
4. Accept that the program organizers are not liable for any injuries or loss of property during training or matches

Player's Signature

Date

Parent's/Guardian's Signature

Date

PLEASE NOTE:

ID sized photograph of the player must be pasted on the form along with their previous year's school report and parent's/guardian's ID Copy.