Please hand in completed form with cash at Town and Country, Yellow Pine St; Barefoot Marketing, West Mall Drive, or Freeport Rugby and Football Club.

| Name: | Date of Birth: |
| :--- | :--- |
| Nationality: | Age |
| Male/Female? | Parent name: |
| School | E-mail: |
| Home or Cell Phone \#: |  |
| Emergency Contact Person: |  |
| Emergency Contact Person Tel. number: |  |

Medical conditions/Allergies: Yes/No
If so, what are the Medical conditions/Allergies that you suffer?
Doctor:

## Doctors Tel \#:

Does your child suffer from any medical condition that could affect his/her health and or participation in the above stated programme?
If so, state condition:
Does your child have any special dietary needs?
If so, please advise:

## Disclaimer

The undersigned in consideration for participating in the above listed Soccer Camp organised at the Freeport Rugby and Football Club fields at East Settlers' Way, Freeport hereby agrees to indemnify the organisers, The Freeport Rugby and Football Club, The Football Association, it's officers, it's players, it's trainers and it's coaches from any and all liability as a result of being injured whilst participating in the above camp. I also certify that the participant is in good mental and physical condition and is healthy to be able to participate in this activity. I acknowledge that I am responsible for furnishing all safeguards and appropriate equipment for protection against injury whilst participating in the above soccer camp.

Please confirm that your child can use the swimming pool under supervision without any liability to the organisers.

| Parent/Guardian (please print): | Parent/Guardian (Signature): |
| :--- | :--- |

