



# Express Soccer Academy

Cheza Boli 

## EXPRESS SOCCER CONSENT AND INDEMNITY FORM FOR THE ARUSHA- EAST AFRICA CHIPUKIZI CUP

1. I .....(Name) of .....(Address) being the parent / guardian of ..... hereby give consent for my child to undertake a trip to Arusha to participate in the East Africa Chipukizi Cup and to take part in extra mural activities while on the tour.
2. I request that \_\_\_\_\_ (person in charge of the football club) be appointed to be in charge of my child and act "in loco parentis" during the course of the tour's activities.
3. I fully understand and accept that all the activities shall be participated in and undertaken at my child's own risk.
4. I further hereby declare that the information on this form is correct to the best of my knowledge and understand that failure to disclose relevant information may invalidate inclusion on this trip. I hereby indemnify, hold harmless and absolve the staff, other members of the touring party including accompanying parents and the Governing Body of Express Soccer Club against any or all claims that may arise in connection with the loss of or damage to the property of or injury to my child in the course of activities on the tour, in the knowledge that the manager will nevertheless take all responsible precautions for the safety and welfare of my child. I undertake to give the persons in charge my full co-operation throughout the trip.

PARENT/GUARDIAN: ..... Date: .....

### MEDICAL INFORMATION

1. My child suffers or has suffered from the following illnesses / allergies: (Please circle) Epilepsy, petitmal, grandmal, irritable bowel syndrome, ADD, penicillin, bee stings. Boys who suffer from epilepsy, diabetes, asthma on treatment and significant allergies must supply a certificate from their doctor describing the status and control of their condition.
2. My child is on the following medication: .....
3. On journeys, he is prone to:.....
4. My medical aid details are as follows: Medical aid : ..... Membership No..... NB: Please note Express soccer shall organise for temporary insurance that shall cover medical too.
5. Please state any other relevant information: .....
6. Dietary requirements (where applicable) : Halaal  Kosher  Vegetarian
7. Contact numbers: (H)..... (W).....Cell:.....



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