

# Player Registration Form



(Passport size photo)

Name of player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Full Names)

Tribe: \_\_\_\_\_ Religion: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Name of Team: \_\_\_\_\_ Name of School \_\_\_\_\_  
(You were formerly playing for) (You are attending)

Gender:  Male  Female  
(Please tick one)

Position: \_\_\_\_\_  
(What position do you play) (Preferred Leg)

Home Language \_\_\_\_\_

\_\_\_\_\_

Place of birth Country of Birth Nationality

Physical Address \_\_\_\_\_

Postal Code \_\_\_\_\_ City: \_\_\_\_\_

Type of identification Document: \_\_\_\_\_  
(Either: Passport, Birth Certificate or Baptism Card).

Identification Document Number: \_\_\_\_\_

Issuing Authority \_\_\_\_\_ Date of issue \_\_\_\_\_

Your phone number : \_\_\_\_\_ Additiona phone number: \_\_\_\_\_

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

# Player Registration Form



## GENERAL CONDITIONS AND RULES OF REGISTRATION

These conditions for registration in Kampala Junior Team have to be signed by your Parent / legal guardian and yourself it concerns your personal responsibilities as part of your tooting party, your health conditions as well as the permission of your/legal guardian.

Kindly initial each page and sing as per requirement for registration.

## PARENT'S DETAILS

Mother's Family Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_

Mother's Identification Number (National ID): \_\_\_\_\_

Mother's regular cell phone number: \_\_\_\_\_

Mother's phone work number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Family Name: \_\_\_\_\_

Father's First Name: \_\_\_\_\_

Identification Number (National ID): \_\_\_\_\_

Father's regular cell phone number: \_\_\_\_\_

Father's phone work number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Legal/Guardian

Guardian's Family Name: \_\_\_\_\_

Guardian's First Name: \_\_\_\_\_

Guardian's Identification Number (National ID): \_\_\_\_\_

Guardian's regular cell phone number: \_\_\_\_\_

Guardian's phone work number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

# Player Registration Form



**IMPORTANT!** Please make sure that your child carries identification Card/ document with him/her on his/her day of registration

I hereby give consent to my child \_\_\_\_\_ for registration in Kampala Junior Team and agree to take all responsibility to ensure that my child will follow the rules of registration, set out below.

Legal Guardian          Father          Mother          Guardian  
(Please tick one)

First name and family Name

\_\_\_\_\_

Phone number (Private and at work)

\_\_\_\_\_

Mobile phone (for emergencies)

\_\_\_\_\_

Address

\_\_\_\_\_

E-mail address

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of an emergency, please indicate your name and phone number that you and two other authorized persons may be reached:

Father's Name \_\_\_\_\_

(Home) Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Mother's Name \_\_\_\_\_

(Home) Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Solar House Katwe, Near Quality Chemicals, P. O. Box 70451, Kampala Uganda  
Tel: +256 773-541893 / +256 705 370138 / +256-704-023665  
Email: [Juniorteamkampala@gmail.com](mailto:Juniorteamkampala@gmail.com) , [kjtkampalajuniorteam10@gmail.com](mailto:kjtkampalajuniorteam10@gmail.com)  
Website: [www.kmpalajuniorteam.com](http://www.kmpalajuniorteam.com)

# Player Registration Form



## First Aid

In the event of an emergency, I authorize that staff of Kampala Junior Team or the Emergency Medical Technicians to provide any first aid care deemed necessary for my child.

Signature \_\_\_\_\_

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

## Emergency Care

In the event of an emergency in which I cannot be reached the above or a local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature \_\_\_\_\_

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

## Hospitalization

In the event of an emergency that should require hospitalization, I authorize the staff of Kampala Junior Team or the Emergency Medical Technicians to provide any first Aid care deemed necessary for my child.

I further affirm that I have ensured that my child has travel and medical insurance in connection with his or her participant in Kampala Junior Team Activities.

## Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Signature \_\_\_\_\_

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

# Player Registration Form



## CONSENT

I/We the biological parent(s) / Legal guardian(s) or \_\_\_\_\_ hereby consent to his/her registration in Kampala Junior Team and confirm that the information regarding the Player is true, accurate and complete to the best of my/our knowledge.

I/We are aware that the Player can be eliminated from the activities for false statements of for the use of any false documents.

I/We unconditionally assume all responsibility for hazards incurred in the conduct of activities in connection with the Kampala Junior Team activities, and also the transportation to and from. I do further release absolve, indemnify, and hold harmless the Kampala Junior Team, and all others listed hereafter: Staff employees, officers, board members, coaches, referees, sponsors, supervisors and landowners permitting use of their land for football activities, harmless against any and all claims and liability for damage caused, or claimed to be caused, and any injury or accident resulting from participating in this activities.

I/WE further agree to ensure that the player abides by all the Rules, Regulation and Decisions of KAMPALA JUNIOR TEAM.

I/We understand and acknowledge that I/We have no right to further inspect and/or approve the advertising or other materials used, in connection with the Player's name and/or image and/or likeness, nor do I/We have any ownership or other rights or interests in such advertising. I/We agree under no circumstances shall I have any rights to maintain any cause or action or action against KAMPALA JUNIOR TEAM, their successors, assigns subsidiaries, employees or agents, or anyone else by virtue of the terms of this release, or anything done pursuant thereto.

Names of Parents/Guardians: Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**Signature:** Mother: \_\_\_\_\_ Date \_\_\_\_\_

Father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Player: \_\_\_\_\_

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