

EDGARS YOUTH PROGRAMME (EYP)

E-REGISTRATION FORM FEE: 50,000shs

HOTLINE: (+256) 041 230097, 0772486687, 0772667780, 0772408661

Website: www.edgarsyouthprog.org

Email: coach@edgarsyouthprog.org

P.O. Box. 27727 Kampala, Uganda.

Please return registration form (completed and signed by parent/guardian) with deposit at our official outlets before player enrolls in any programme.

1) PLAYER:

Names: _____

Female Male Date of Birth: _____

Age: _____ School: _____ Class _____

Interests and Hobbies: _____

Players Doctor if any _____ Phone _____

Indicate special health problems e.g. Allergies, asthma, injuries,
etc _____

2) PARENT/GUARDIAN

Parent/Guardian full name: _____

Postal Address _____

Occupation: _____

Place of Residence: _____

Home Telephone/Mobile: _____

Email address: _____

3) SELECT PROGRAMME:

Travel Team One on One Home Training

Holiday Programme Weekend League School Soccer Club

Please briefly explain what you expect your child to achieve/accomplish with Edgars Youth Programme:

4) HOW DID YOU GET TO KNOW ABOUT EDGARS YOUTH PROGRAMME?

Website Poster School

EYP Flyer Media Others

Please Specify.) _____

5) EMERGENCY INFORMATION

In an emergency when parents cannot be reached, please contact:

Name: _____

Phone: _____ Relation: _____

6) RECOGNITION AND ASSUMPTION OF RISK AGREEMENT:

I, the undersigned parent/guardian
of _____

authorize the said child's full participation in the activities that make up **EYP** soccer and related activities. It is my understanding that participation in such activities is not without inherent risk of occasional injury. As such, in consideration of my child's participation in **EYP** soccer and related activities, I hereby release, weave, discharge and covenant not to sue the **EYP** staff, agents or employees for any and all liability, claims, demands, action and causes of action whatsoever that may arising from the **EYP** activity being conducted.

I also give permission for any emergency medical or treatment by a physician, surgeon, hospital or medical care facility that may be required and accept responsibility for the cost.

7) PARENTAL CODE OF CONDUCT:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game/session, practice or other related events.
- I will insist that my child treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will demonstrate respect and support of all players, coaches and officials prior to, during and after the game/session.
- I will be mindful of the need for player development over the need to win.
- I will remember that the game/session is for the children not for adults.
- I will be mindful of my role at all times, provide support, not openly insult during the game/session or openly interpret the rules.
- I will abide by the rulings of the EYP Disciplinary Committee, coaches and administrators prior to, during and after the game/session.
- I will demand and demonstrate a healthy sports environment by refraining from drug alcohol and tobacco use during EYP events and activities.
- I will do my best to make children/youth sports fun for my child.
- I accept and shall abide by the decisions of the EYP judicial bodies

I have read, understood and filled in this form. I understand the EYP code of conduct and pledge to honor the code and policies in regards to the parental behavior and decisions of EYP bodies. I accept and support EYP rulings and sanctions imposed to foster a sportsmanlike atmosphere.

(Please Print Childs Name)

(Please Print Parent or Guardians' Name)

(Date)

(Parent or Guardians' Signature)

8) OFFICIAL SECTION:

First entry point _____ Amount _____

Document/Receipt No. _____ Official _____