



**International
Academy**
Mauritius

PLAYER REGISTRATION FORM

LFC International Academy Mauritius
#WalkOn

SURNAME

NAME

--	--

DATE OF BIRTH

ID / PASSPORT NUMBER

--	--

FULL ADDRESS

GENDER

--	--

DISTRICT (eg. Black River, Flacq Grand Port, Moka, Pamplemousses, Plaines Wilhems, Port Louis, Rivière du Rempart, Savanne)

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TELEPHONE NUMBER (Home)

MOBILE PHONE NUMBER

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SCHOOL NAME

SCHOOL ADDRESS

--	--

OTHER CLUBS NAME (eg. Private academy / Ecole de foot / MFA)

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PARENT/ GUARDIAN CONTACT DETAILS

FULL NAME

RELATIONSHIP

--	--

MOBILE PHONE NUMBER

ID / PASSPORT NUMBER

--	--

EMAIL ADDRESS (Compulsary)

--

Date:

Signature of responsible party:



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CONSENT FORM

LFC International Academy Mauritius
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Player's name:

Player's date of birth:

I, the parent/guardian of the above-minor child, hereby allow my child to participate in the LFCIA soccer camp in an age group assigned and recommended by LFC.

I understand that there are certain risks of injury inherent in the practice and play of this sport and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless to MAURITIUS MULTISPORTS INFRASTRUCTURE LTD (MMIL), its officers, coaches, drivers, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

I also acknowledge that I am making this decision on my own initiative and have not been requested to do so by any outside influences. It is LFC's policy that all players compete at a level they are capable of, both physically and developmentally.

Parent's/ Guardian's name:

Parent's/ Guardian's signature:

Date:



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HEALTH HISTORY FORM
LFC International Academy Mauritius
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Please note that this form should be filled by the parent/ guardian

Name of ward:

Date of birth:

Age:

Sex:

Contact details:

Address:

Name of parent/ guardian/ other:

For other, please explain relationship to child:

QUESTIONS		YES	NO
1	Has a doctor ever restricted your child to participate in sports activities for any reason?		
2	Does your child have any ongoing medical treatment? If so, please identify below: " Asthma " Anemia " Diabetes " Infections other (please specify)		
3	Does your child stay in hospital for the above treatment?		
4	Has your child ever had a surgery?		
5	Has a doctor ever ordered a test for your child's heart? (For example. ECG/Echocardiogram)		
6	Has a doctor told you that your child has a heart problem?		
7	Has your child ever had any broken or fractured bones or dislocated joints?		
8	Does your child have Rashes/Skin problems?		
9	Has your child ever become ill while exercising in the hot/humid climatic condition?		
10	Does your child wear spectacles?		
11	Does your child have respiratory/seasonal allergies?		
12	Do you have any other Health concerns for your child which you would like to discuss with the coaches?		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Parent's/ Guardian's name:

Parent's/ Guardian's signature:

Date: