



## APPLICATION FOR CYMOT SKW YOUTH SOCCER ACADEMY

Please complete in Block Letters

Surname:	Name:	Date of Birth:
Father:	Tel.No. Work:	Tel. Mobile:
Mother:	Tel. No. Work:	Tel. Mobile:
Tel. private:	E-mail:	Membership Nr. if applicable:
Suburb:	Street:	Nr.:
Yes                      No		
Child in Hostel:	Name of Hostel:	Supervisor / Tel.No.:

Medical Problems / Allergies:

Doctor to notify in emergency:	Tel.No.:	Tel. Mobile:
Other Contact Person:	Tel. No. Private:	Tel. Mobile:

### CONDITIONS

#### 1. Membership Fees

A Membership Fee of N\$ 900.00 per annum is payable at the beginning of the year to the Cymot SKW Youth Soccer Academy. Payment terms can be discussed.

#### 2. Documents to be attached

With each application we request two copies of the certified birth certificate and four passport photos of the player.

#### 3. Indemnity and Consent of Medical Treatment

I, the parent / guardian of the registrant, agree that the registrant and I will abide by the Rules of the club it's affiliated organizations and sponsors. I release, discharge and / or otherwise indemnify the club, its affiliated organizations and sponsors, their employer and associated personnel, including owners of fields and facilities utilized by the club, against any claim by or on behalf of the registrant of the registrants participation in the club, its competitions, tournaments and or/being transported to and from same, which transportation I herewith authorize.

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

As parent or legal guardian of the above mentioned player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This case may be given under whatever conditions are necessary to preserve life, limb or well being of my dependant.

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