JIAMINI FOOTBALL CLUB

Lifelong Learning

Pioneer Estate | Discipleship College Grounds | Eldoret
www.jiaminifc.com | info@jiaminifc.com | +254 713 000 100

Jiamini Football Academy

Parental Consent & Liability Waiver Form

Please complete this form and upload the signed copy with your registration.

PLAYER INFORMATION

Full Name:

Date of Birth: **Age:**

Gender:

☐ Male ☐ Female ☐ Other

Program:

☐ Junior Academy (5-12 yrs) ☐ Youth (13-17 yrs) ☐ Senior Team (18+ yrs)

☐ School Program

Residential Address:

PARENT / GUARDIAN INFORMATION

Parent/Guardian Full Name: **Relationship to Player:**

Phone Number: **Email Address:**

EMERGENCY CONTACT

Emergency Contact Name:

Emergency Contact Phone: **Relationship to Player:**

MEDICAL INFORMATION

Allergies (list all known allergies):

Chronic Conditions (e.g., asthma, diabetes, epilepsy):

Current Medication:

Physical Limitations/Injuries:

CONSENT & LIABILITY WAIVER

Please read each statement carefully, then tick each box to confirm your agreement.

☐ **1.** ACKNOWLEDGMENT OF RISK — I understand that football involves inherent risks, including the risk of serious injury. I voluntarily assume these risks on behalf of the player.

☐ **2.** MEDICAL CONSENT — I consent to Jiamini FC staff administering first aid and seeking emergency medical treatment if needed.

☐ **3.** MEDIA RELEASE — I grant Jiamini FC permission to use photographs/videos of the player for promotional purposes.

☐ **4.** LIABILITY WAIVER — I release Jiamini FC, its coaches, and staff from liability for injuries sustained during club activities, except in cases of gross negligence.

☐ **5.** CODE OF CONDUCT — I agree to abide by Jiamini FC's Code of Conduct and understand that violation may result in suspension or dismissal.

☐ **6.** MEDICAL INFORMATION ACCURACY — I confirm that all medical information provided above is accurate and complete.

SIGNATURE

I hereby confirm that I have read and understood all the terms above, and I agree to them on behalf of the player.

Parent/Guardian Signature: **Date:**

Player Signature (if 18+): **Date:**

OFFICE USE ONLY

Received by: **Date:**

Verified:

☐ Yes ☐ No

Comments: