EMZEE FOOTBALL CLUB'S PARENTS/GUARDIANS FORM

Parents/Guardian passport photograph

SECTION 1 *(Parent's consent form)*

PLAYERS PARENTS/GUARDIAN'S NAME*(as in PASSPORT/IC/ID)***:----------**

PARENTS/GUARDIAN'S PASSPORT/IC/ID #:----------

EMERGENCY CONTACT # 1 *(In case of emergency*)**:----------**

EMERGENCY CONTACT #2 *(in case of emergency)***:----------**

PLAYERS PARENTS/GUARDIAN'S CONTACT NUMBER:----------

IF GUARDIAN, WHAT IS THE RELATIONSHIP BETWEEN THE PLAYER AND THE GUARDIAN:----------

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PLAYERS PARENTS/GUARDIAN'S OCCUPATION:----------

PLAYERS PARENTS/GUARDIAN'S CONTACT ADDRESS:----------

PLAYERS PARENTS/GUARDIAN'S NATIONALITY:----------

PLAYERS PARENTS/GUARDIAN'S EMAIL:----------

PERSON AUTHORIZED TO PICK YOUR KID(S) AFTER TRAINING:----------

---------- IC/PASSPORT #:----------

ADDRESS:---------- NATIONALITY:----------

ATTESTATION

I …….
(parents/guardian name)
With IC/Passport**……** parent/guardian of **……..**

…… hereby give permission for him/her to join **EMZEE FOOTBALL CLUB**
(applicants name)
For a season (*12mths*). I promise to give him/her my moral support, and to abide by the laid down rules and regulation of the club. I promise to take full responsibility for any damage or harm caused by ……. during his time with the club.
(Applicants name)

Yours sincerely.

Signature: ……. Date: ……

NOTE:v

- **REGISTRATION FEE :-** **RM800** *(includes 2pairs of training jerseys and our home and away match jerseys, shorts , socks, Club's ID card with Clubs sticker)*
- **MONTHLY TRAINING FEE:-** **RM120** *(drinks during training)*

- **PLAYERS INSURANCE:-** All insurance policies will be discussed with Parents/Guardian during our meeting.
- **All expenses not mentioned here will be borne by the Applicant, Parent/Guardian.**

EMZEE FC
since 2016

PLAYERS HEALTH ATTESTATION *(To be filled by Parents/Guardian)* :

Please indicate and tick if the player has any of these health issues

- **Tuberculosis** *Yes / No*
- **Heart disease** *Yes / No*
- **Lung diseases** *Yes / No*
- **Joint (ankle, knees, hips, wrist) problem** *Yes / No*
- **Asthmatic** *Yes / No*
- **Diabetic** *Yes / No*
- **Epilepsy** *Yes / No*
- **Allergies** *Yes / No*
- **Previous hospitalization or surgeries Any medications the players is/are on (including over – the – counter medications, herbal supplements and prescription medications)** *Yes / No*
- **Past injuries (including concussion, sprains or bone fractures)** *Yes / No*
- **Have trouble breathing during exercise** *Yes / No*
- **Other** *(if other please specify)* **……**

I …… With IC/Passport# .....

the Parents/Guardian certify that …… (name of applicant) has no health problems which will interfere with his/her performance as a player/member at EMZEE FOOTBALL CLUB.

All test has been carried out and proper check-up was administered within the last 2 months and there is no evidence of any infectious or communicable disease and any other health issues that might prevent him/her from participating in any activities conducted by EMZEE FOOTBALL CLUB. And if any health concerns found otherwise that negate my attestation , the club has the right to stop/expel the applicant and place a fine of rm500.00 on the Parents/Guardians.

Signature: …… Date: ……