



**Fill Form.**

**Scan or take photo and send thru to register with Ithuba**

Personal information Full

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

of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Player Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Choose Day and time for Life, academic and time management coaching (optional)

\_\_\_\_\_

Player Soccer Information

Player preferred position \_\_\_\_\_

Player Alternative position(s) \_\_\_\_\_

Player nickname(s) \_\_\_\_\_

Previous Club if any \_\_\_\_\_

Team(s) you support \_\_\_\_\_

Favourite player(s) \_\_\_\_\_

Medical information

Do you have any medical conditions that the club should be aware of? [Yes/No] \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Are you currently taking any medications? [Yes/No] \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Do you have any allergies? [Yes/No] \_\_\_\_\_

If yes, please specify: \_\_\_\_\_



Indemnity Agreement:

I, the undersigned participant, hereby acknowledge that I am voluntarily participating in soccer activities organized by Ithuba Soccer Academy. I understand that participation in soccer activities involves certain inherent risks, including but not limited to physical injury, property damage, and other hazards.

In consideration of being allowed to participate in soccer activities organized by Ithuba Soccer Academy, I hereby agree to assume all risks associated with such participation, including any risks arising from the negligence or misconduct of other participants, coaches, officials, or volunteers.

I hereby release, waive, discharge, and covenant not to sue Ithuba Soccer Academy, its officers, directors, employees, agents, volunteers, and sponsors from any and all liability, claims, demands, actions, or causes of action arising out of or related to any injury, loss, or damage that may be sustained by me during or as a result of my participation in soccer activities, including but not limited to bodily injury, emotional distress, or property damage.

I understand and acknowledge that this agreement extends to all claims of every kind or nature whatsoever, whether known or unknown, suspected or unsuspected, arising out of or related to my participation in soccer activities organized by Ithuba Soccer Academy.

I further agree to indemnify Ithuba Soccer Academy, its officers, directors, employees, agents, volunteers, and sponsors from any and all liability, claims, demands, actions, or causes of action brought by third parties arising out of or related to my participation in soccer activities.

I have carefully read and fully understand the terms of this indemnity agreement, and I voluntarily sign it of my own free will.

Player's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent Contact number \_\_\_\_\_

Date: \_\_\_\_\_