



**EDGARS YOUTH PROGRAMME (EYP)
E-REGISTRATION FORM FEE: 50,000shs**

HOTLINES: (+256) 0393 206206, 0772486687, 0772667780, 0772408661

Website: www.edgarsyouthprog.org Email: coach@edgarsyouthprog.org

P.O. Box. 27727, Kampala, Uganda.

Please return registration form (completed and signed by Parent/Guardian) with deposit at our official outlets before player enrolls in any programme.

1) PLAYER:

Names: _____

Female Male Date of Birth: _____

Age: _____ School: _____ Class _____

Interests and Hobbies: _____

Players Doctor if any _____ Phone _____ Indicate special health problems e.g. Allergies, Asthma, Injuries, etc _____

2) PARENT/GUARDIAN

FATHER

MOTHER

Parent/Guardian full name: _____

Postal Address _____

Occupation: _____

Place of Residence: _____

Home Telephone/Mobile: _____

Email Address: _____

3) SELECT PROGRAMME:

Travel Team One on One Home Training Soccer Bus

Holiday Programme Weekend League School Soccer Club

Please briefly explain what you expect your child to achieve or accomplish with Edgars Youth Programme.

4) HOW DID YOU GET TO KNOW ABOUT EDGARS YOUTH PROGRAMME?

Website Poster School

EYP Flyer Media Word of Mouth Others

Please Specify: _____

5) EMERGENCY INFORMATION

In an emergency when parents cannot be reached, please contact:

Name: _____

Phone: _____ Relation: _____

6) RECOGNITION AND ASSUMPTION OF RISK AGREEMENT:

I, the undersigned parent/guardian
of _____

authorize the said child’s full participation in the activities that make up **EYP** soccer and related activities. It is my understanding that participation in such activities is not without inherent risk of occasional injury. As such, in consideration of my child’s participation in **EYP** soccer and related activities, I hereby release, weave, discharge and covenant not to sue the **EYP** staff, agents or employees for any and all liability, claims, demands, action and causes of action whatsoever that may be arising from the **EYP** activity being conducted. I also give permission for any emergency medical or treatment by a physician, surgeon, hospital or medical care facility that may be required and accept responsibility for the cost.

7) PARENTAL CODE OF CONDUCT

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game/session, practice or other related events.
- I will insist that my child treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will demonstrate respect and support of all players, coaches and officials prior to, during and after the game/session.
- I will be mindful of the need for player development over the need to win.
- I will remember that the game/session is for the children not for adults.
- I will be mindful of my role at all times, provide support, not openly insult during the game/session or openly interpret the rules.
- I will abide by the rulings of the EYP Disciplinary Committee, coaches and administrators prior to, during and after the game/session.
- I will demand and demonstrate a healthy sports environment by refraining from drugs, alcohol and tobacco use during EYP events and activities.
- I will do my best to make children/youth sports fun for my child.
- I accept and shall abide by the decisions of the EYP judicial bodies

I have read, understood and filled in this form. I understand the EYP code of conduct and pledge to honor the code and policies in regards to the parental behavior and decisions of EYP bodies. I accept and support EYP rulings and sanctions imposed to foster a sportsmanlike atmosphere.

Please Print Childs Name

Please Print Parent or Guardians’ Name

Date

Parent’s or Guardian’s Signature

8) OFFICIAL SECTION

First Entry Point _____ Amount _____

Document/Receipt No. _____ Official _____

9) Team Leader/CEO Approval

Signature
