



Football Training Program Existing Players

Personal Details		
Name:	Name of Parent/Guardian:	
D.O.B:	Age:	Tel Mobile:
Residential Address:	Email:	
	Emergency Contact Name:	
Mobile Number (<i>if any</i>):	Emergency Contact Number:	
School:	Relationship to Child:	
Training Schedule		
Regular Category	Advanced Category	
1 session per week Tue <input type="checkbox"/> Thurs <input type="checkbox"/> Sat <input type="checkbox"/>	3 sessions per week Mon <input type="checkbox"/> Wed <input type="checkbox"/> Fri <input type="checkbox"/>	
2 to 3 sessions per week Tue <input type="checkbox"/> Thurs <input type="checkbox"/> Sat <input type="checkbox"/>		
Terms and Conditions (see reverse) <i>*I have read and agree to the terms and conditions of this program</i>		
Signature of Parent/Guardian:		Date:
Office Use Only		
		Receipt Number:
Registration Group	Training Fees (Sep - May)	Amount (GHC)
Advanced	Ghc 2,000.00	
Regular (1 session)	Ghc 1,400	
Regular (2 – 3 sessions)	Ghc 1,750	
Girls (2 -3 sessions)	Ghc 1,200	

1. Declaration

I verify that the birth date provided herein is true & correct. I verify that I will not hold Lizzy Sports Complex. (LSC), MD Investment Ltd, Marcel Desailly Foundation or representatives or officials of these organizations, responsible for any injury or accident which may occur while training, traveling to, participating in, or returning from any game or event.

- I. I acknowledge, agree, & represent that I understand the nature of football activities & that I am in good health, & in proper physical condition to participate in such activity. I further agree & warrant that if at any time I believe conditions to be unsafe, or not feeling well I will immediately discontinue further participation in the Activity.
- II. I fully understand that: (a) football activities involve risks & dangers of serious bodily injury, injury, including permanent disability, paralysis, & death ("risks"); (b) these Risks & dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, or the condition in which the Activity takes place, (c) there may be other risks & social & economic losses either not known to me or not readily foreseeable at this time; & I fully accept & assume all such risk & all responsibilities for losses, costs & damages incur as a result of my participation or that of the minor/ward in the Activity.
- III. I fully understand that my child/ward shall be registered with Lizzy Sports Club
- IV. I also understand that my ward may be required to be licensed with Lizzy Sports Academy under the regulations of the GFA and I hereby wish for my child to join and comply with the conditions of the colts League registration.

2. Membership

- I. Lizzy Sports Complex reserves the right to reject any application or withdraw any membership in the event of failure with membership conditions and anti-social behaviour.
- II. Lizzy Sports Complex may refuse any person from using the facility or joining the team if he/she does not observe the Conditions of Use, or regulations of the team if he/she is in breach of any regulations in force, or for conduct deemed by the management to be detrimental to the welfare, good order, safety or character of the complex or its users. In such event, the booking will be cancelled automatically and the paid fees forfeited
- III. Members will only be permitted to use the facilities if their membership is current and access fee is fully paid up.
- IV. Members must not allow anyone else to use their membership, or this will result in the membership being cancelled without notice. There will be no refund for fees paid in advance under these circumstances.
- V. Lizzy Sports Complex reserves the right to use the image/s of players for promotional and marketing purposes.
- VI. Payment made will not be refunded under any circumstances
- VII. Participants who require a thorough medical checkup can visit by our recommended health physicians "3M&C" at Lizzy Sports Complex. Cost of medical examination shall be borne by participants

3. Requirements and Use of Equipments/Facilities

- I. All members requiring access to the Complex must complete a **PARQ form** declaring any known medical conditions before being allowed access. All members are required to have a doctor's approval of good health before participating in the program
- II. Members must not use any equipment or facilities unless they are satisfied that they are competent to do so safely and properly. Sports Complex staff will always be able to provide advice on request.
- III. Members must use all equipment and facilities safely and properly and take care to safeguard their own and other users' health and safety.
- IV. Training sessions are subject to the team's training times which are normally 3 times per week on dates listed on the training forms.
- V. All members will be required to participate in matches outside of the complex where match schedule demands
- VI. Lizzy Sports Complex reserves the right to change team's training times.
- VII. The management may also exercise discretion to close the facilities when, in its opinion, that the facilities are unsuitable for use from safety or operation point of view.
- VIII. All users must wear appropriate attire, footwear, use appropriate equipment, protective gear when necessary and observe all safety rules and conditions for use of the sport/activity

4. Liability

- I. Use of Sports Complex facilities and equipment is entirely at the members own risk.
- II. Neither Lizzy Sports Complex, MDF, or MD Investments accepts responsibility for injury, illness, loss or damage howsoever caused other than that arising from the proven negligence of our staff.



PAR Q FORM
(Physical and Readiness Questionnaire)

Name of Participant:

Telephone:.....

Date of birth: Age:.....

Height..... Weight.....

In case of Emergency (Name):

Contact Number:

Physician/ Doctor: Phone:

Are you currently under a doctor's care? :.....

If yes, kindly explain further

.....
.....

Blood type.....

When was your last physical examination?

Do you take any medications on a regular basis?

If yes, please list medication and reasons for taking it:

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.....

Have you been recently hospitalized?

If Yes, Kindly explain why.....

.....

Do you experience/have any of the following?

High Cholesterol.....

Chest pain with exertion.....

Irregular heart beat/palpitations.....

Dizziness or fainting.....

Unusual shortness of breath.....

Cramping pains in legs or feet.....

Epilepsy.....

Asthma.....

Body/Joint pains.....

Muscle pain or an injury.....

EST. 2010

LIZZY
SPORTS CLUB

If you answered Yes to any of the above, kindly provide us with more details.....
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To the best of my knowledge, the above information is true.

Signature:

Date: