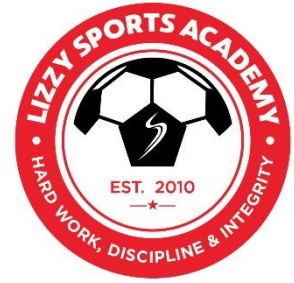


LIZZY SPORTS ACADEMY REGISTRATION FORM



Personal Details	
Surname:	Name of Parent/Guardian:
Forename:	Tel Home:
Date of Birth: Age:	Tel Office:
Nationality:	Tel Mobile:
Residential Address:	Email:
	Emergency Contact Name:
Mobile Number:	Emergency Contact Number:
School:	Relationship to Child:
Experience	
Do you have any football experience?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify:	
Football Position (s):	Preferred position <i>(if you play more than one position)</i> :
Training Schedule	
5 sessions a week Mondays to Fridays	
Terms and Conditions <small>(see reverse)</small> *I have read and I agree to accept the terms and conditions of membership	
How did you hear about us:	
Signature of Parent/Guardian:	Date:

Office Use Only			Receipt Number:
Registration Group Academy	Training Fees (Sep - May) Ghc 4,500	Billing Dates Full Payment upon Registration	Amount (GHC)

Membership Terms and Conditions

1. Declaration

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

- I. I acknowledge, agree, & represent that I understand the nature of football activities & that I am qualified, 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, I will immediately discontinue further participation in the Activity.
- II. I fully understand that: (a) football/swimming or any other sporting activity involves 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 in the Activity.

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 if he/she does not observe the Conditions of Use, or remove any person from the facility 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 for any programme will not be refunded under any circumstances

3. Use of Equipments/Facilities

- I. All players requiring access to the Complex must complete a **PARQ form** declaring any known medical conditions before being allowed access. All players are required to have a thorough medical checkup before taking part in any physical activity.
- 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. Admission is subject to the facility operating within safe capacities and during times of peak demand Lizzy Sports Complex will control activity session times.
- V. All users must leave the playing area when their booked session is over. All hired/borrowed equipment from the complex should be returned at the same time.
- VI. Lizzy Sports Complex reserves the right to change members' facility access times. One months' notice will be given to members.
- 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 nor 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:

.....
.....
.....

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.....

If you answered Yes to any of the above, kindly provide us with more details.....

.....
.....
.....

To the best of my knowledge, the above information is true.

Signature:

Date: